

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002037 (7)

1. Corporation Name

RESIDENTIAL MONEY CENTERS, INC.



Principal Place of Business

Mailing Address

20 CRAIG RD
MONTVALE NJ 07645
US

20 CRAIG RD
MONTVALE NJ 07645
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1996

4. FEI Number

23-2772890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DACEY, WILLIAM F
STREET ADDRESS 20 CRAIG RD
CITY-ST-ZIP MONTVALE NJ

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME SHEEHAN, DENNIS W
STREET ADDRESS 8400 NORMANDALE LAKE BLVD
CITY-ST-ZIP MINNEAPOLIS MN

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VTD
NAME OLSON, DAVEE L
STREET ADDRESS 8400 NORMANDALE LAKE BLVD
CITY-ST-ZIP MINNEAPOLIS MN

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VS
NAME GLEASON, LORNA J
STREET ADDRESS 8400 NORMANDALE LAKE BLVD
CITY-ST-ZIP MINNEAPOLIS MN

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE V
NAME BORRELLI, LAURA J
STREET ADDRESS 20 CRAIG RD
CITY-ST-ZIP MONTVALE NJ

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)