

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90016 029 ***150.00

DOCUMENT # F96000002037

1. Corporation Name

RESIDENTIAL MONEY CENTERS, INC.

Principal Place of Business

20 CRAIG RD
MONTVALE NJ 07645
US

Mailing Address

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETE

NAME DACEY, WILLIAM F

STREET ADDRESS 20 CRAIG RD

CITY-ST-ZIP MONTVALE NJ

TITLE VD ☐ DELETE

NAME SHEEHAN, DENNIS W

STREET ADDRESS 8400 NORMANDALE LAKE BLVD

CITY-ST-ZIP MINNEAPOLIS MN

TITLE VTD ☐ DELETE

NAME OLSON, DAVEE L

STREET ADDRESS 8400 NORMANDALE LAKE BLVD

CITY-ST-ZIP MINNEAPOLIS MN

TITLE VS ☐ DELETE

NAME GLEASON, LORNA J

STREET ADDRESS 8400 NORMANDALE LAKE BLVD

CITY-ST-ZIP MINNEAPOLIS MN

TITLE V ☐ DELETE

NAME BORRELLI, LAURA J

STREET ADDRESS 20 CRAIG RD

CITY-ST-ZIP MONTVALE NJ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Executive Vice President ☐ Change ☒ Addition

1.2 NAME Stephen J. Graham

1.3 STREET ADDRESS 20 Craig Road

1.4 CITY-ST-ZIP Montvale, NJ 07645

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Chief Financial Officer, ☒ Change ☐ Addition

3.2 NAME Director

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE President, Secretary, ☒ Change ☐ Addition

4.2 NAME Director

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Executive Vice President ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Director ☐ Change ☒ Addition

6.2 NAME Lee M. Jacobsohn

6.3 STREET ADDRESS One Meridian Crossing

6.4 CITY-ST-ZIP Minneapolis, MN 55437

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Laura J. Borrelli, Executive Vice President

4-29-99

Date

800-666-9762

Daytime Phone #

CR2E034 (11/98)

000289