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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P06705 (8)

1. Corporation Name

RESIDENTIAL FUNDING CORPORATION

Principal Place of Business

8400 NORMANDALE LAKE BLVD., SUITE 600  
MINNEAPOLIS MN 55437

Mailing Address

8260 OLD YORK ROAD  
COMPLIANCE DEPT  
ELKINS PARK PA 19027  
46



3. Date Incorporated or Qualified

07/11/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 26 8400 Normandale Lake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27 Suite 600-Compliance Dept.

City & State

City & State

23 28 Minneapolis, MN

Zip

Country

Zip

Country

24 29 55437 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

TITLE NAME ☒ DELETE

NAME KORELL, MARK L.  
STREET ADDRESS 8400 NORMANDALE LK BLVD  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE NAME ☐ DELETE

NAME PARADIS, BRUCE J  
STREET ADDRESS 8400 NORMANDALE LAKE BLVD. #600  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE NAME ☐ DELETE

NAME SNYDER, GLEN W.  
STREET ADDRESS 8360 OLD YORK RD  
CITY-ST-ZIP ELKINS PARK PA

TITLE NAME ☐ DELETE

NAME MILLER, KEVIN E  
STREET ADDRESS 8400 NORMANDALE LK BLVD  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE NAME ☐ DELETE

NAME SHEEHAN, DENNIS W  
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., #600  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE NAME ☐ DELETE

NAME OLSON, DAVEE L  
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., #600  
CITY-ST-ZIP MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD

CFO/D

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(612) 832-7000

Date

Daytime Phone #

CR2E034 (12/95)