

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06705 (8)
 1. Corporation Name
RESIDENTIAL FUNDING CORPORATION



Principal Place of Business 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS MN 55437	Mailing Address 8400 NORMANDALE LAKE BLVD SUITE 600 COMPLIANCE DEPT MINNEAPOLIS MN 55437 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same as above Suite, Apt #, etc	2a. Mailing Address 26 Same as above Suite, Apt #, etc.
22 City & State 23	27 City & State 28
24 Zip Country 25 US	29 Zip Country 30

3. Date incorporated or Qualified 07/11/1985	4. FEI Number 93-0891336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADIS, BRUCE J	12 NAME	No change
STREET ADDRESS	8400 NORMANDALE LAKE BLVD. #600	13 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, GLEN W.	22 NAME	No change
STREET ADDRESS	8380 OLD YORK RD	23 STREET ADDRESS	
CITY-ST-ZIP	ELKINS PARK PA	24 CITY-ST-ZIP	
TITLE	PMD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADIS, BRUCE	32 NAME	Duplicate
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600	33 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS W	42 NAME	No change
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #600	43 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP	
TITLE	CFOD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, DAVEE L	52 NAME	No change
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #600	53 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS W	62 NAME	No change
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600	63 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/13/98** (612) 832-7000

CR2E034 (10/97)