

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. 22 City & State 23 Zip 24 Country 25 US	2a. Mailing Address 26 Same as above Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30 US	3. Date Incorporated or Qualified 07/11/1985 4. FEI Number 93-0891336 Applied For 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
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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 85 Zip Code FL
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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 NAME STREET ADDRESS CITY-ST-ZIP PO PARADIS, BRUCE J 8400 NORMANDALE LAKE BLVD. #600 MINNEAPOLIS MN <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP No change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S SNYDER, GLEN W. 8380 OLD YORK RD ELKINS PARK PA <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP No change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PMD PARADIS, BRUCE 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS MN 55437 <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP Duplicate <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SHEEHAN, DENNIS W 8400 NORMANDALE LAKE BLVD., #600 MINNEAPOLIS MN <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP No change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFOD OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD., #600 MINNEAPOLIS MN <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP No change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SHEEHAN, DENNIS W 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS MN 55437 <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP No change <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_

SIGNATURE AND TYPE OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

4/13/98

(612) 832-7000

Daytime Phone # 0808-A40

CR2E034 (10/97)