

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06705

1. Entity Name

RESIDENTIAL FUNDING CORPORATION

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90039 008 \*\*\*150.00

Principal Place of Business

Mailing Address

8400 NORMANDALE LAKE BLVD., SUITE 600  
MINNEAPOLIS MN 55437

8400 NORMANDALE LAKE BLVD  
SUITE 600 COMPLIANCE DEPT  
MINNEAPOLIS MN 55437-1083  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0891336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE Secretary ☒ Change ☐ Addition  
NAME Michael J. Seats  
STREET ADDRESS 8400 Normandale Lake Blvd., #600  
CITY-ST-ZIP Minneapolis, MN 55437

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

TITLE David C. Walker ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3031 W. Grand Boulevard  
CITY-ST-ZIP Detroit, MI 48201

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SHEEHAN, DENNIS W  
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600  
CITY-ST-ZIP MINNEAPOLIS MN 55437

TITLE Duplication ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael J. Seats*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Seats, Secretary 1/7/2000 612/832-7000

Date

Daytime Phone #

CR2E034 (9/99)