

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90116 023 \*\*\*150.00

**DOCUMENT # P06705**

1. Entity Name

**RESIDENTIAL FUNDING CORPORATION**

Principal Place of Business <b>8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS MN 55437</b>	Mailing Address <b>8400 NORMANDALE LAKE BLVD SUITE 600 COMPLIANCE DEPT MINNEAPOLIS MN 55437 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address <b>One Meridian Crossings</b>  Suite, Apt. #, etc. <b>Suite 100</b>  City & State <b>Minneapolis, MN</b>  Zip <b>55423</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>93-0891336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PARADIS, BRUCE J 8400 NORMANDALE LAKE BLVD. #600 MINNEAPOLIS MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director/Managing Bruce J. Paradis 8400 Normandale Lake Blvd. Minneapolis, MN 55437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SEATS, MICHAEL J 8400 NORMANDALE LAKE BLVD #600 MINNEAPOLIS MN 55437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, DAVID C 3031 W GRAND BLVD DETROIT MI 48201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director David C. Walker 200 Renaissance Center Detroit, MI 48265</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOD OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD., #600 MINNEAPOLIS MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/D/MD Davee L. Olson 8400 Normandale Lake Blvd. Minneapolis, MN 55437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Michael J. Seats, Secretary 1/31/01 (952) 832-7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)