2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P06705

1. Entity Name
RESIDENTIAL FUNDING CORPORATION

Principal Place of Business
8400 NORMANDALE LAKE BLVD., SUITE 600
MINNEAPOLIS, MN 55437

Mailing Address
ONE MERIDIAN CROSSINGS
SUITE 100
MINNEAPOLIS, MN 55423 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0891336
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDMD
NAME	PARADIS, BRUCE J
STREET ADDRESS	8400 NORMANDALE LAKE BLVD. #600
CITY-ST-ZIP	MINNEAPOLIS, MN 55437
TITLE	SMD
NAME	SEATS, MICHAEL J
STREET ADDRESS	8400 NORMANDALE LAKE BLVD #600
CITY-ST-ZIP	MINNEAPOLIS, MN 55437
TITLE	D
NAME	WALKER, DAVID C
STREET ADDRESS	200 RENIASSANCE CENTER
CITY-ST-ZIP	DETRIOT, MI 48265
TITLE	CFOM
NAME	OLSON, DAVEE L
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #600
CITY-ST-ZIP	MINNEAPOLIS, MN 55437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (FO 1/12/04 (952) 832-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #