

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06705

FILED
Apr 21, 2005
Secretary of State

Entity Name: RESIDENTIAL FUNDING CORPORATION

Current Principal Place of Business:

8400 NORMANDALE LAKE BLVD., SUITE 600
MINNEAPOLIS, MN 55437

New Principal Place of Business:

8400 NORMANDALE LAKE BLVD.
SUITE 600
MINNEAPOLIS, MN 55437 US

Current Mailing Address:

ONE MERIDIAN CROSSINGS
SUITE 100
MINNEAPOLIS, MN 55423 US

New Mailing Address:

ONE MERIDIAN CROSSINGS
SUITE 100, MAIL CODE 03-02-20
MINNEAPOLIS, MN 55423 US

FEI Number: 93-0891336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDMD () Delete
Name: PARADIS, BRUCE J
Address: 8400 NORMANDALE LAKE BLVD. #600
City-St-Zip: MINNEAPOLIS, MN 55437

Title: SMD () Delete
Name: SEATS, MICHAEL J
Address: 8400 NORMANDALE LAKE BLVD #600
City-St-Zip: MINNEAPOLIS, MN 55437

Title: D () Delete
Name: WALKER, DAVID C
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETRIOT, MI 48265

Title: CFOM () Delete
Name: OLSON, DAVEE L
Address: 8400 NORMANDALE LAKE BLVD., #600
City-St-Zip: MINNEAPOLIS, MN 55437

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARADIS, BRUCE J
Address: 8400 NORMANDALE LAKE BLVD. #600
City-St-Zip: MINNEAPOLIS, MN 55437

Title: S (X) Change () Addition
Name: SEATS, MICHAEL J
Address: 8400 NORMANDALE LAKE BLVD #600
City-St-Zip: MINNEAPOLIS, MN 55437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLSON, DAVEE L
Address: 8400 NORMANDALE LAKE BLVD., #600
City-St-Zip: MINNEAPOLIS, MN 55437

Title: CFO () Change (X) Addition
Name: DUNCAN, KENNETH M
Address: 8400 NORMANDALE LAKE BLVD., #600
City-St-Zip: MINNEAPOLIS, MN 55437

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE J. PARADIS

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date