FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34574

1. Corporation Name

Residential Funding Securities Corporation

Principal Place of Business	Mailing Address
8400 Normandale Lake Blvd. Suite 600 Minneapolis, MN 55437	8400 Normandale Lake Blvd. Suite 600 Minneapolis, MN 55437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/27/91

3a. Date of Last Report: 4/5/94

2. Principal Place of Business (21)

Suite, Apt #, etc (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt #, etc (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: 41-1660449 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

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 **FL** 85 Zip Code

*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 _____ DATE

Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	McGinniss, Roderick	12 NAME	
STREET ADDRESS	4800 Montgomery Lane, #300	13 STREET ADDRESS	
CITY ST ZIP	Bethesda, MD 20814	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	Halloran, Elizabeth	22 NAME	100001484351
STREET ADDRESS	8400 Normandale Lake Blvd., #600	23 STREET ADDRESS	-05/11/95--01081--008
CITY ST ZIP	Minneapolis, MN 55437	24 CITY ST ZIP	****225.00 ****225.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Olson, Davee	32 NAME	
STREET ADDRESS	8400 Normandale Lake Blvd., #600	33 STREET ADDRESS	
CITY ST ZIP	Minneapolis, MN 55437	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Nordeen, Christopher	42 NAME	
STREET ADDRESS	8400 Normandale Lake Blvd., #600	43 STREET ADDRESS	
CITY ST ZIP	Minneapolis, MN 55437	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	Snyder, Glen	52 NAME	
STREET ADDRESS	8360 Old York Road	53 STREET ADDRESS	
CITY ST ZIP	Elkins Park, PA 19117	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Sheehan, Dennis	62 NAME	
STREET ADDRESS	8400 Normandale Lake Blvd., #600	63 STREET ADDRESS	
CITY ST ZIP	Minneapolis, MN 55437	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elizabeth Halloran Elizabeth Halloran, Treasurer 4/25/95 (612) 832-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #