

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P34574** (4)
1. Corporation Name
RESIDENTIAL FUNDING SECURITIES CORPORATION



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

Mailing Address
**8360 OLD YORK ROAD
COMPLIANCE DEPT
ELKINS PARK PA 19038
US**

3. Date Incorporated or Qualified
06/27/1991

3a. Date of Last Report
05/01/1995

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 s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGINNIS, RODERICK	
STREET ADDRESS	4800 MONTGOMERY LANE STE 300	
CITY - ST - ZIP	BETHESDA MD 20814	
TITLE	T D	<input type="checkbox"/> DELETE
NAME	HALLORAN, ELIZABETH	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD. #600	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSON, DAVEE L	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #600	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORDEEN, CHRISTOPHER W	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD #600	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNYDER, GLEN W.	
STREET ADDRESS	8360 OLD YORK ROAD	
CITY - ST - ZIP	ELKINS PARK PA 19117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, DENNIS	
STREET ADDRESS	8400 NORMANDALE LAKE BLV #600	
CITY - ST - ZIP	MINNEAPOLIS MN 55437	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WESTFALL, GEORGE W.	
1.3 STREET ADDRESS	8400 Normandale Lake Blvd., Suite 600	
1.4 CITY - ST - ZIP	Minneapolis, MN 55437	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Westfall, Director 3/4/96 (612) 832-7000

Date

Daytime Phone #

CR2E034 (12/95)