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FOLEY & LARDNER

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((H97000018902 1)))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4000

FROM: FOLEY & LARDNER

CONTACT: ~~KAREN PETERSON~~

PHONE: (904) 359-2000

SONYA SOWARDS

ACCT#: 072720000061

FAX #: (904) 359-8700

NAME: RESIDENTIAL MORTGAGE CORPORATION (IMC), INC.

AUDIT NUMBER.....H97000018902

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0

CERT. COPIES.....1

PAGES..... 1

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FAX AUDIT NO. H97000018902

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: Residential Mortgage Corporation (IMC), Inc.
- 1b. The mailing address of the corporation is: 100 Midway Road, Suite 21, Cranston, RI 02920.
- 1c. Date of incorporation: effective 10/23/97 Document number: P97000091428

2. The name and address of the current registered agent and office is:

F&L Corp., 200 Laura Street, Jacksonville, Florida 32202

3. The name and address of the new registered agent and office is: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Date: October 30, 1997

SIGNATURE:

(Officer) Chairman or Vice Chairman of the Board

Laurie S. Williams (f/k/a Laurie S. Wockenfuss)
(Typed or printed name and title) Vice President and
Secretary

Having been named as registered agent and to accept service of process for the above-stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Date: October 31, 1997

SIGNATURE:

(Registered Agent)

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

(Typed or printed name and title)

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Prepared by:
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