

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> M02000001139	
<b>1. Entity Name</b> MUTUAL SERVICE MORTGAGE, LLC	
<b>DO NOT WRITE IN THIS SPACE</b>	

**FILED**  
03 MAY -1 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>2. Principal Place of Business</b> 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA		<b>3. Mailing Address</b> 1 HOME CAMPUS Suite, Apt. #, etc. MAC X2401-049 City & State DES MOINES, IA Zip 50328 Country USA		<b>4. FEI Number</b> 30-0073253		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							

<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name CORPORATION SERVICE COMPANY	
		Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
		City TALLAHASSEE	
		FL Zip Code 32301	

**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 \_\_\_\_\_ **400017798064**  
Signature, typed or printed name of registered agent and title if applicable. 05/01/03--01009--006 DATE

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>	
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<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM WELLS FARGO VENTURES, LLC 1 HOME CAMPUS, MAC X2401-049 DES MOINES, IA 50328			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM MUTUAL SERVICE CORPORATION i Clearlake Centre, Ste 1800 250 Australian Ave S. WEST PALM BEACH, FL 33401			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<b>DO NOT WRITE IN THIS SPACE</b>	
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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Robert Scallon **ROBERT SCALLON-AVP** 4/25/03 515-213-7559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, Date Daytime Phone #  
OR AUTHORIZED REPRESENTATIVE