

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 049 ****50.00

DOCUMENT # M02000002017

1. Entity Name
PRINCIPAL RESIDENTIAL MORTGAGE SERVICING, LLC



Principal Place of Business
~~711 HIGH STREET~~
~~DES MOINES, IA 50392-0306 US~~

Mailing Address
~~711 HIGH STREET, S-6-564~~
~~DES MOINES, IA 50392-0306 US~~

20053463



2. Principal Place of Business
1000 Technology Drive

3. Mailing Address
1000 Technology Drive

Suite, Apt. #, etc.
MS #822

Suite, Apt. #, etc.
MS #822

04252005 Chg-LLC CR2E083 (10/03)

City & State
O'Fallon, MO

City & State
O'Fallon, MO

4. FEI Number
03-0471616

Applied For
Not Applicable

Zip
63304

Country
USA

Zip
63304

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PRINCIPAL RESIDENTIAL MORTGAGE, INC.
711 HIGH STREET
DES MOINES, IA 50392** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CitiMortgage, Inc.
1000 Technology Drive
O'Fallon, MO 63304** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Rebecca Kile*

Rebecca Kile, AVP/CM **4/25/05** **(636) 261-0401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #