

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004155

FILED
Apr 27, 2007
Secretary of State

Entity Name: HEWITT MORTGAGE SERVICES, LLC

Current Principal Place of Business:

ONE MOME CAMPUS, MAC X2401-049
DES MOINES, IA 503280001

New Principal Place of Business:

Current Mailing Address:

ONE MOME CAMPUS, MAC X2401-049
DES MOINES, IA 503280001

New Mailing Address:

FEI Number: 20-0790865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MBR () Delete
Name: WELLS FARGO VENTURES, , LLC
Address: ONE MOME CAMPUS, MAC X2401-049
City-St-Zip: DES MOINES, IA 503280001

Title: MBR () Delete
Name: HEWITT RELOACTION SE, RVICES, INC
Address: 7901 STONERIDGE DR, STE 390
City-St-Zip: PLEASANTON, CA 94588

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELLS FARGO VENTURES, , LLC
Address: ONE MOME CAMPUS, MAC X2401-049
City-St-Zip: DES MOINES, IA 503280001

Title: MGRM (X) Change () Addition
Name: HEWITT ASSOCIATES, L, LC
Address: 100 HALF DAY RD
City-St-Zip: LINCOLNSHIRE, IL 60069

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

VP

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date