

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004093

Entity Name: PCM MORTGAGE, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number: 20-0233909

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

Title: MGRM ( ) Delete  
Name: PASQUINELLI MORTGAGE, , LLC  
Address: 6880 N. FRONTAGE ROAD, STE 100  
City-St-Zip: BURR RIDGE, IL 60527

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/30/2008

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