2001 UNIFORM BUSINESS REPORT (UBR)

0029498 AF

DOCUMENT # M00000001157

FILED
01 APR 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
~~EDINA REALTY MORTGAGE, LLC~~
Homeservices Lending, LLC

Principal Place of Business	Mailing Address
MAC X2404-035 1 HOME CAMPUS DES MOINES IA 50328-0001	MAC X2404-035 1 HOME CAMPUS DES MOINES IA 50328-0001

2. Principal Place of Business	3. Mailing Address
6800 France Ave South	1 Home Campus
Suite, Apt. #, etc.: Ste 410	Suite, Apt. #, etc.: MAC X2401-049
City & State: Edina, MN	City & State:
Zip: 55435 Country: USA	Zip: Country: USA

4. FEI Number 41-1914032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WELLS FARGO VENTURES, LLC MAC X2406-011/ 1 HOME CAMPUS DES MOINES IA 50328-0001 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MAC X2401-049, 1 Home Campus
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDINA REALTY HOME SERVICES 6800 FRANCE AVENUE EDINA MN ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 55435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004219989--4 -05/16/01--01071--003 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: [signature] VP-TAX 4/24/01 515-213-7518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)