

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001157

**Entity Name:** HOMESERVICES LENDING, LLC

**Current Principal Place of Business:**

2700 WESTOWN PARKWAY  
345  
WEST DES MOINES , IA 50266

**Current Mailing Address:**

ATTN: LEGAL DEPARTMENT  
333 SOUTH SEVENTH STREET 2700  
MINNEAPOLIS, MN 55402-2438 US

**FEI Number:** 41-1914032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name HMSV FINANCIAL SERVICES, INC.  
Address 333 S 7TH ST FL 27  
ATTN: LEGAL  
City-State-Zip: MINNEAPOLIS MN 55402-2438

Title SECRETARY  
Name BROWNE, MICHAEL T.  
Address 333 SOUTH SEVENTH STREET  
2700  
City-State-Zip: MINNEAPOLIS MN 55402

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL T. BROWNE

**SECRETARY**

**03/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date