

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003252

**FILED  
Apr 10, 2015  
Secretary of State  
CC1988730347**

**Entity Name:** ALLIED TITLE LENDING LLC

**Current Principal Place of Business:**

7755 MONTGOMERY ROAD  
SUITE 400  
CINCINNATI, OH 45236

**Current Mailing Address:**

7755 MONTGOMERY ROAD  
SUITE 400  
CINCINNATI, OH 45236 US

**FEI Number:** 26-0256446

**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           MANAGER  
Name           CLARK, DOUGLAS  
Address        7755 MONTGOMERY ROAD  
                  SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title           MANAGER  
Name           CRAIG, ROGER  
Address        7755 MONTGOMERY ROAD  
                  SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title           MANAGER  
Name           DAVIS, A. DAVID  
Address        7755 MONTGOMERY ROAD  
                  SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title           MANAGER  
Name           DEAN, ROGER  
Address        7755 MONTGOMERY ROAD  
                  SUITE 400  
City-State-Zip: CINCINNATI OH 45236

*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:** ROGER CRAIG

**MANAGER**

**04/10/2015**

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

\_\_\_\_\_  
Date