# 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007257

Entity Name: CENTEX SERVICE COMPANY, LLC

## **Current Principal Place of Business:**

100 BLOOMFIELD HILLS PARKWAY SUITE 300 BLOOMFIELD HILLS, MI 48304

# **Current Mailing Address:**

100 BLOOMFIELD HILLS PARKWAY SUITE 300 BLOOMFIELD HILLS, MI 48304 US

# FEI Number: 75-1588412

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Apr 30, 2014 Secretary of State CC1371446056

Date

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

	Title	MANAGER, SR VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY	Title	ASST VICE PRESIDENT
			Name	ANDERSON, CADE C
	Name	COOK, STEVEN	Address	100 BLOOMFIELD HILLS PARKWAY STE 300
	Address	100 BLOOMFIELD HILLS PARKWAY STE 300	City-State-Zip:	BLOOMFIELD HILLS MI 48304
	City-State-Zip:	BLOOMFIELD HILLS MI 48304	Title	ASST. SECRETARY, VP
	Title	MANAGER, VICE PRESIDENT AND	Name	NELSON, GREGORY
	Name	TREASURER ROBINSON, BRUCE	Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
	Address	100 BLOOMFIELD HILLS PARKWAY STE 300	City-State-Zip:	BLOOMFIELD HILLS MI 48304
	City-State-Zip:	BLOOMFIELD HILLS MI 48304	Title	ASSISTANT VICE PRESIDENT
			Name	SMITH , JENNAE
	Title	CHAIRMAN, CEO, PRESIDENT, COO	Address	2728 N HARWOOD STREET
	Name	DUGAS, JR , RICHARD		3RD FLOOR
	Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300	City-State-Zip:	DALLAS TX 75201
	City-State-Zip:	BLOOMFIELD HILLS MI 48304	Title	ASST. SECRETARY
			Name	TREPPA , SUZANNE
	Title	ASST. SECRETARY	Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
	Name	TRIPP, COLETTE		
	Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300	City-State-Zip:	BLOOMFIELD HILLS MI 48304
	City-State-Zip:	BLOOMFIELD HILLS MI 48304	Continues on page 2	

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: CADE ANDERSON

# ASSISTANT VICE 04/30/2014 PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

# Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	HERNANDEZ , MELISSA	Name	PORTER, ROBERT
Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300	Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304	City-State-Zip:	BLOOMFIELD HILLS MI 48304
Title	ASST. TREASURER, DIRECTOR OF TREASURY OPERATIONS		
Name	LANGEN, DANIEL BRYCE		

Address 100 BLOOMFIELD HILLS PARKWAY SUITE 300

City-State-Zip: BLOOMFIELD HILLS MI 48304