

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001176

Entity Name: STEWARD FINANCIAL SERVICES, LLC

Current Principal Place of Business:

499 OLD KINGS HIGHWAY
MAPLE SHADE, NJ 08052

Current Mailing Address:

499 OLD KINGS HIGHWAY
MAPLE SHADE, NJ 08052 US

FEI Number: 26-3708452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 ASST. SECRETARY, MANAGER,
DIRECTOR
Name MULLIN, KATHERINE A
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

Title VP
Name HURREN, CHRISTOPHER S
Address 4001 LEADENHALL ROAD
City-State-Zip: MOUNT LAUREL NJ 08054

Title ASST. SECRETARY, MANAGER
Name NEWELL, MATTHEW E
Address 17800 S.E. MILL PLAIN BOULEVARD
SUITE 100
City-State-Zip: VANCOUVER WA 98683

Title MANAGER
Name HOLMAN, MELINDA K
Address 4001 LEADENHALL ROAD
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER, DIRECTOR
Name ORTELL, CARL A
Address 4001 LEADENHALL ROAD
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER, TREASURER
Name HORWITH, BRIAN K
Address 4001 LEADENHALL ROAD
City-State-Zip: MOUNT LAUREL NJ 08054

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: KATHERINE A. MULLIN

**AUTHORIZED
REPRESENTATIVE**

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date