

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001277

FILED
Jul 28, 2008
Secretary of State

Entity Name: CENTERLINE SERVICING, INC.

Current Principal Place of Business:

5221 N. O' CONNER BLVD.
SUITE 600
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

5221 N. O' CONNER BLVD.
SUITE 600
IRVING, TX 75039

New Mailing Address:

FEI Number: 74-3026399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMYTH, PAUL
Address: 5221 N. O'CONNOR BLVD. SUITE 600
City-St-Zip: IRVING, TX 75039

Title: S () Delete
Name: D'AMICO, JOHN
Address: ONE STATE STREET
City-St-Zip: HARTFORD, CT 06103

Title: T () Delete
Name: CARR, BRYAN
Address: 5221 N. O'CONNER BLVD SUITE 600
City-St-Zip: IRVING, TX 75039

Title: CD () Delete
Name: COTTON, LEONARD W
Address: 625 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: DUGGINS, JAMES L
Address: 5221 N. O'CONNR BLVD. SUITE 600
City-St-Zip: IRVING, TX 75039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, MARK
Address: 625 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SMYTH

P

07/28/2008

Electronic Signature of Signing Officer or Director

_____ Date