2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001277

Entity Name: CENTERLINE SERVICING INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5221 N. O' CONNER BLVD. SUITE 600 IRVING, TX 75039				625 MADISON AVENUE NEW YORK, NY 10022			
Current Mailing Address:				New Mailing Address:			
5221 N. O" CONNER BLVD. SUITE 600 IRVING, TX 75039				625 MADISON AVENUE NEW YORK, NY 10022			
FEI Number: 74-3026399 FEI Number Applied For () FEI Num				mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Co	Name and Address of New Registered Agent:					
1200 SOUTPLANTATI			urpose o	f changing i	ts registered of	fice or re	egistered agent, or both,
	e of Florida.						
SIGNATUF		c Signature of Registered Ager					 Date
Election Can		Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	'ORS:		ADDITION	S/CHANGES	TO OFF	ICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () SMYTH, PAUL	Delete IOR BLVD. SUITE 600		Title: Name: Address: City-St-Zip:		Change(VENUE) Addition
Title: Name: Address: City-St-Zip:	S () I D'AMICO, JOHN ONE STATE STE HARTFORD, CT			Title: Name: Address: City-St-Zip:	SEC (X) D'AMICO, JOHN 625 MADISON A NEW YORK, NY	VENUE	() Addition
Title: Name: Address: City-St-Zip:	CARR, BRYAN	Delete IER BLVD SUITE 600 39		Title: Name: Address: City-St-Zip:	TRES (X) CARR, BRYAN 625 MADISON A NEW YORK, NY	VENUE	() Addition
Title: Name: Address: City-St-Zip:	CD () I COTTON, LEON, 625 MADISON A NEW YORK, NY	VENUE		Title: Name: Address: City-St-Zip:	DIR (X) LEVY, ROBERT 625 MADISON A NEW YORK, NY	L VENUE	() Addition
Title: Name: Address: City-St-Zip:	D () BROWN, MARK 625 MADISON A NEW YORK, NY			Title: Name: Address: City-St-Zip:	DIR (X) BROWN, MARK 625 MADISON A NEW YORK, NY	F VENUE	() Addition
Title: Name: Address: City-St-Zip:	()!	Delete		Title: Name: Address: City-St-Zip:	DIR () SCHNITZER, MA 625 MADISON A NEW YORK, NY	ARC D VENUE	X) Addition

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: JANE LOUIS POA 03/26/2009