

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 007 ***550.00

DOCUMENT # F03000000874

1. Entity Name
TS SERVICING CO., INC.



Principal Place of Business
500 HANOVER PIKE
HAMPSTEAD, MD 21074

Mailing Address
500 HANOVER PIKE
HAMPSTEAD, MD 21074

54066294



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3047186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	GP Chief Executive Officer
NAME	WILDRICK, ROBERT N
STREET ADDRESS	220 NIGHTINGALE TREAIL
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DEVP - Chief Financial Officer
NAME	ULLMAN, DAVID E
STREET ADDRESS	500 HANOVER PIKE
CITY-ST-ZIP	HAMPSTEAD, MD 21074
TITLE	DS Senior Vice President - General Counsel
NAME	FRAZER, CHARLES D
STREET ADDRESS	500 HANOVER PIKE
CITY-ST-ZIP	HAMPSTEAD, MD 21074
TITLE	Gary M. Merry
NAME	Chief Information Officer
STREET ADDRESS	500 Hanover Pike
CITY-ST-ZIP	Hampstead, MD 21074
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David E. Ullman - EVP & CFO
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/04 (410) 239-2700