2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000874 03-21-2005 90073 010 ***150.00 1. Entity Name TS SERVICING CO., INC. Principal Place of Business Mailing Address **500 HANOVER PIKE 500 HANOVER PIKE** HAMPSTEAD, MD 21074 HAMPSTEAD, MD 21074 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. "Suite, Apt: #,"etc. 03182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 74-3047186 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 -9.≂Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE ☐ Delete TITLE ☐ Addition WILDRICK, ROBERT N NAME NAME 500 Hanover Pike 220 NIGHTINGALE TREAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Hampsi-cad ·MD 21074 CFO TITLE ☐ Delete TITLE ☐ Change ☐ Addition ULLMAN, DAVID E NAME NAME STREET ADDRESS **500 HANOVER PIKE** STREET ADDRESS CITY-ST-ZIP HAMPSTEAD, MD 21074 CITY-ST-ZIP SVP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME FRAZER, CHARLES D NAME STREET ADDRESS **500 HANOVER PIKE** STREET ADDRESS CITY-ST-ZIP HAMPSTEAD, MD 21074 CITY-ST-ZIP SCIO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MERRY, GARY M **500 HANOVER PIKE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAMPSTEAD, MD 21074 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pame appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered. SIGNATURE:

IG OFFICER OR DIRECTOR

FILED Mar 21, 2005 8:00 am

Secretary of State

Daytime Phone (