


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005839 1. Entity Name OPUS HOME EQUITY SERVICES, INC.	
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Principal Place of Business 2300 E. LINCOLN HWY, STE 609 LANDHORNE, PA 19047	Mailing Address 2300 E. LINCOLN HWY, STE 609 LANDHORNE, PA 19047
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-3051009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

UN00000099173
03/30/04-80002-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DYER, KEITH R 2300 E. LINCOLN HWY, STE 609 LANDHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOMANELLI, MICHAEL N 2300 E. LINCOLN HWY, STE 609 LANDHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILLOUGH, STEPHEN P 2300 E. LINCOLN HWY, STE 609 LANDHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOUNTAIN, BRIAN S 2300 E. LINCOLN HWY, STE 609 LANDHORNE, PA 19047
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)(f), 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: 4/ TR 3/25/14 215-252-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #