

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000007096

FILED
Oct 12, 2005
Secretary of State

Entity Name: WOODSIDE MORTGAGE SERVICES, INC.

Current Principal Place of Business:

30195 CHAGRIN BLVD., SUITE 112
PEPPER PIKE, OH 44124

New Principal Place of Business:

Current Mailing Address:

30195 CHAGRIN BLVD., SUITE 112
PEPPER PIKE, OH 44124

New Mailing Address:

FEI Number: 34-1766185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLA
521 LAKE AVENUE, SUITE 4
LAKE WORTH, FL 33460 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: CHRIS LOVELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: KELLER, ROBERT R
Address: 20800 W BYRON RD
City-St-Zip: SHAKER SHAKES HEIGHTS, OH 44122

Title: VT () Delete
Name: KELLER, WILLIAM G
Address: 2946 BOYCE RD
City-St-Zip: SHAKER SHAKES HEIGHTS, OH 44122

Title: D () Delete
Name: MCCUEN, BETH A
Address: 8707 ELMDALE TRACE
City-St-Zip: MACEDONIA, OH 44056

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM G. KELLER

VT

10/12/2005

Electronic Signature of Signing Officer or Director

Date