2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007096

Name:

Address:

City-St-Zip:

MCCUEN, BETH A

8707 ELMDALE TRACE

MACEDONIA, OH 44056

Entity Name: WOODSIDE MORTGAGE SERVICES, INC

FILED Jan 09, 2009 Secretary of State

y		JOIDE MORTO/ GE GE					
Current Principal Place of Business:				New Principal Place of Business:			
30195 CHAGRIN BLVD., SUITE 112 PEPPER PIKE, OH 44124				30195 CHAGRIN BLVD. SUITE 112 PEPPER PIKE, OH 44124			
Current Mailing Address:				New Mailing Address:			
30195 CHAGRIN BLVD., SUITE 112 PEPPER PIKE, OH 44124				30195 CHAGRIN BLVD. SUITE 112 PEPPER PIKE, OH 44124			
FEI Number: 34-1766185 FEI Number Applied		For () FEI Nui	mber Not Appl	Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE 201 LAKE WO The above	RTH, FL 33 named ent e of Florida.		nt for the purpose o	of changing i	ts registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent				Date			
Election Car	npaign Finan	cing Trust Fund Contribut	ion ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOP KELLER, Ri 20800 W B' SHAKER SH		2	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VT KELLER, W 2946 BOYC SHAKER SH		2	Title: Name: Address: City-St-Zip:	KELLER, WI 2946 BOYCE		
Title [.]	D	() Delete		Title [.]		() Change () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM G. KELLER VP 01/09/2009