2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000003947

Entity Name: QUANTUM SERVICING CORPROATION

FILED Nov 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
O CORRORATE BRILIE	OCCO E MADTINI LITUED KINIO DI

2 CORPORATE DRIVE 6302 E. MARTIN LUTHER KING BLVD. SHELTON, CT 06484

SUITE 300

TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

6302 E. MARTIN LUTHER KING BLVD. 2 CORPORATE DRIVE SHELTON, CT 06484

SUITE 300 TAMPA, FL 33619

FEI Number: 20-2975595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERIVICES, INC 2731 EXECUTIVÉ PARK DR STE 4 WESTON, FL 33331

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:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition ANDERSON, JOHN W II Name: CONRADSON, SCOTT

Name: 2 CORPORATE DRIVE 6302 E. MARTIN LUTHER KING BLVD., SUITE 300 Address: Address:

City-St-Zip: SHELTON, CT 06484 City-St-Zip: TAMPA, FL 33619

() Delete Title: VSD Title: VSD (X) Change () Addition

RETHWISCH, CURTIS COHEN, STEVEN Name: Name:

2 CORPORATE DRIVE 6302 E. MARTIN LUTHER KING BLVD., SUITE 300 Address: Address:

SHELTON, CT 06484 TAMPA, FL 33619 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition AS/D

Name: COHEN, STEVEN Name:

6302 E. MARTIN LUTHER KING BLVD., SUITE 300 Address: Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33619

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.

SIGNATURE: SCOTT CONRADSON PTD 11/23/2009