2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# F06000003246

Entity Name: MORTGAGE MARKET INFORMATION SERVICES, INC.

Current Principal Place of Business:

53 E ST CHARLES RD
VILLA PARK, IL 60181 US

New Principal Place of Business:

Current Mailing Address:

53 E ST CHARLES RD
VILLA PARK, IL 60181 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ELIZABETH R. KONIECZNY

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: PCEO ( ) Delete
Name: EVANS, THOMAS R
Address: 11760 US HWY 1, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: SV ( ) Delete
Name: DEFRANCO, ROBERT J
Address: 11760 US HWY 1, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VCFO ( ) Delete
Name: DIMARIA, EDWARD J
Address: 11760 US HWY 1, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VCRO ( ) Delete
Name: ROSS, DONALDSON M
Address: 11760 US HWY 1, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: SV ( ) Delete
Name: HOOGTERP, DANIEL P
Address: 11760 US HWY 1, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: SV ( ) Delete
Name: ZANCA, BRUCE J
Address: 11760 US HWY 1, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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:

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 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: ROBERT J. DEFRANCO SV 10/30/2008

Electronic Signature of Signing Officer or Director Date