

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90356 040 \*\*\*150.00

DOCUMENT # F07968

1. Entity Name

MERRILL LYNCH SETTLEMENT SERVICES, INC



**DO NOT WRITE IN THIS SPACE**

11037001

2. Principal Place of Business

1300 Merrill Lynch Dr. 2nd fl.  
Suite, Apt. #, etc.

3. Mailing Address

1300 Merrill Lynch Dr. 2nd fl.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pennington NJ

City & State

Pennington, NJ

4. FEI Number

95-2656134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

08534

Zip

Country

08534

7. Name and Address of Current Registered Agent

Name

CT CORPORATION Systems

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	Raven, Julia	8 Richardson Court	Marlboro, NJ				
	Thomas E. Funk	4530 Deep Glen Way	Doylestown, PA 18901				

**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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Funk 4/30/03

Date

(609) 274-5328

Daytime Phone #

CR2E034B (12/02)