2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001861

FILED Apr 27, 2012 Secretary of State

Entity Name: AMERICAN HOME MORTGAGE SERVICING INDIA CORPORATION PRIVATE LIMITED

Current Principal Place of Business: New Principal Place of Business:

TOWER 6, LEVEL 4, CYBERCITY
MAGARPATTA CITY, HADAPSAR
PUNE CITY, MAHARASHTRA, INDIA, IN 411013 II

Current Mailing Address: New Mailing Address:

1525 S. BELT LINE ROAD TOWER 6, LEVEL 4, CYBERCITY MAGARPATTA CITY, HADAPSAR MAGARPATTA CITY, HADAPSAR

PUNE CITY, MAHARÁSHTRA, INDIA, IN 411013 IN

FEI Number: 98-0637295 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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 Date

OFFICERS AND DIRECTORS:

Title: DIR

Name: APPLEGATE, DAVID M DIR

Address: TOWER 6, LEVEL 4, CYBERCITY, MAGARPATTA CITY
City-St-Zip: PUNE CITY, MAHARASHTRA, INDIA, IN 411013 IN

Title: SEC

Name: RAWLANI, CHANDA M SEC

Address: TOWER 6, LEVEL 4, CYBERCITY, MAGARPATTA CITY
City-St-Zip: PUNE CITY, MAHARASHTRA, INDIA, IN 411013 IN

Title: DIR

Name: SHULER JR, WILLIAM P DIR

Address: TOWER 6, LEVEL 4, CYBERCITY, MAGARPATTA CITY
City-St-Zip: PUNE CITY, MAHARASHTRA, INDIA, IN 411013 IN

Title: DIR

Name: DORCHUCK, JORDAN D DIR

Address: TOWER 6, LEVEL 4, CYBERCITY, MAGARPATTA CITY City-St-Zip: PUNE CITY, MAHARASHTRA, INDIA, IN 411013 IN

Title: DIR

Name: ZEIDMAN, MARK S DIR

Address: TOWER 6, LEVEL 4, CYBERCITY, MAGARPATTA CITY
City-St-Zip: PUNE CITY, MAHARASHTRA, INDIA, IN 411013 IN

Title: DIR

Name: EHRENREICH, MARK D DIR

Address: TOWER 6, LEVEL 4, CYBERCITY, MAGARPATTA CITY
City-St-Zip: PUNE CITY, MAHARASHTRA, INDIA, IN 411013 IN

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS POA 04/27/2012