

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000002615

**FILED**  
**Jul 16, 2009**  
**Secretary of State****Entity Name:** POWER REO MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**4600 REGENT BLVD., SUITE 200  
IRVING, TX 75063 US**New Principal Place of Business:**4600 REGENT BLVD. SUITE 200  
IRVING, TX 75063 US**Current Mailing Address:**4600 REGENT BLVD., SUITE 200  
IRVING, TX 75063 US**New Mailing Address:****FEI Number:** 33-1215957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: CHARLES  
Address: 6501 IRVINE CENTER DR. IRVINE CA 92618  
City-St-Zip: IRVINE, CA 92618 US

Title: P ( ) Delete  
Name: FRIEDMAN, DAVID  
Address: 4600 REGENT BLVD STE 200  
City-St-Zip: IRVING, TX 75063 US

Title: S ( ) Delete  
Name: DORCHUCK, JORDAN  
Address: 4600 REGENT BLVD., SUITE 200  
City-St-Zip: IRVING, TX 75063 US

Title: T ( ) Delete  
Name: PINO, CRAIG  
Address: 4600 REGENT BLVD., SUITE 200  
City-St-Zip: IRVING, TX 75063 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: CAMPBELL, CHARLES  
Address: 6501 IRVINE CENTER DR  
City-St-Zip: IRVINE, CA 92618 US

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: CHARLES CAMPBELL

S

07/16/2009

Electronic Signature of Signing Officer or Director

Date