200	1 UNIFORM BUSI	NESS REPO	RT (t	JBR)		
	MENT# F960000019	88				
1. Entity Name LOGS Financial Services, Inc.						
FKA LOC	SS National Servicing	Agency, Inc.		V	/ FILED	
Principal Plac	ce of Business .	Mailing Address			01 SEP 19 PM 4: 14	
8120 Nations Way Michael Barron			ı			
#100 Legal Departmen				0 1 77	SECRETARY DE STATE. TALLAHASSEE FLORIDA	
Jacksonville, FL 32256 4201 Lake Cook Northbrook, IL					or FACEATIAGE	
2. Principal Place of Business 3. Aailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State			4. FEI Number Applied For 36–3652582 Not Applied	
Zip	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current R	Penistered Agent	1		7. Name and Address of New Registered Agent	
	or Hame and Address of Garrent II	ogiotorou rigoni	N	lame	· · · · · · · · · · · · · · · · · · ·	
CT Corporation System 1200 South Pine Island Road				Street Address (P.O. Box Number is Not Acceptable)		
Plantation, FL 33324						
÷			C	City FL Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing its	registered o	office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent an	vittle if annicable (NOTF:	Registered Age	ent signature required	when reinstating) DATE	
- ***					J. C.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. After MAY 1, 2001			1 Fee will	be \$550.00	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	е
11.	OFFICERS AND C	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	╛.
TITLE	PD Shapiro, Gerald M	☐ Delete	TITLE NAME		☐ Change ☐ Addi	tion 8
NAME STREET ADDRESS	21/O Bodotomo Lobo			DDRESS		Ξ
CITY-ST-ZIP	Highland Park, IL 60035		CITY-ST-			CR2E034 (11/00)
TITLE NAME	DV Delete Kreisman, David S.		TITLE NAME		900004509759—9	tion B
STREET ADDRESS	TREET ADDRESS 86 Prospect			DORESS	-09/25/0101015013	"
CITY-ST-ZIP			CITY-ST-	ZiP	****400.00 ****400.00	
TITLE	S Heitter, Nancy L.	☐ Delete	TITLE	. ,	900004609755	ion
NAME Heitter, Nancy L. STREET ADDRESS 410 North Wheeling Road			- NAME Street ac	DDRESS	-01015014	
·Prospect Heights, IL 60070			CITY-ST-	,	****150.00 ****150.00	. T
TITLE	T Delete				☐ Change ☐ Addi	tion
NAME STREET ADDRESS	modelibadin, Lawrence			DDRESS		
CITY-SI-ZIF Barnestown, MD			CITY-ST-		A. A.	
TITLE		☐ Delete	TITLE		Change Addi	tion
NAME STREET ADDRESS			NAME STREET AD	DDRESS	$\angle VV \wedge A \wedge$	
CITY-ST-ZIP			CITY-ST-2			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addit	ion
NAME STREET ADDRESS			NAME STREET AD	DDRESS		
CITY-ST-ZIP			CITY-ST-	1	<u> </u>	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David S. Kreisman, Director/Vice President 847-291-9100