

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000000239

1. Entity Name  
POPULAR WAREHOUSE LENDING, LLC



Principal Place of Business

301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

Mailing Address

301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
52-2190334

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
WILLIAMS, CAMERON  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
FISHER, GREG  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
MARTELLA, JOHN  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
HEDDE, GLENN  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BLACK, CHRISTOPHER  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000004120  
01/14/04-80015-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

JOHN MARTELLA, EXECUTIVE VP.

856-396-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #