2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# M00000000298

Entity Name: GH CP ASSET SERVICES, LLC

Current Principal Place of Business:

10 CAMPUS BLVD.
NEWTOWN SQUARE, PA 19073

New Principal Place of Business:

Current Mailing Address:

10 CAMPUS BLVD.
NEWTOWN SQUARE, PA 19073

New Mailing Address:

FEI Number: 23-3018224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., STE A
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	HOLLOWAY, GARY M	
Address:	10 CAMPUS BLVD.	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	VP/T	( ) Delete
Name:	HOLLOWAY, JR, GARY M	
Address:	10 CAMPUS BLVD.	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	ASEC	( ) Delete
Name:	DIGIUSEPPE, ROBERT	
Address:	10 CAMPUS BLVD.	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	ASEC	( ) Delete
Name:	CARDAMONE, ANTHONY J	
Address:	10 CAMPUS BLVD.	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	VP/S	( ) Delete
Name:	MACCHIONE, JOSEPH M	
Address:	10 CAMPUS BLVD	
City-St-Zip:	NEWTOWN SQUARE, P 19073	
Title:	VP	( ) Delete
Name:	GINSBURG, RAND	
Address:	10 CAMPUS BLVD	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 is true and accurate and that my electronic 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: ANTHONY J CARDAMONE ASEC 03/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date