

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000298

FILED
Jan 05, 2011
Secretary of State

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
Name: HOLLOWAY, GARY M
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP
Name: HOLLOWAY, JR, GARY M
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: T
Name: DIGIUSEPPE, ROBERT
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AVP
Name: CARDAMONE, ANTHONY J
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP
Name: MACCHIONE, JOSEPH M
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, P 19073

Title: AVP
Name: KENNEDY, JAMES I
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

I hereby 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: JOSEPH MACCHIONE

VP

01/05/2011

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