

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000503

FILED
Jul 06, 2007
Secretary of State

Entity Name: POPULAR FINANCIAL SERVICES, LLC

Current Principal Place of Business:

301 LIPPINCOTT DRIVE
MARLTON, NJ 08053

New Principal Place of Business:

Current Mailing Address:

301 LIPPINCOTT DRIVE
MARLTON, NJ 08053

New Mailing Address:

FEI Number: 52-2249245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CEO () Delete
Name: WILLIAMS, CAMERON E
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: CFO () Delete
Name: PARACCHINI, ALBERTO
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: M VP () Delete
Name: FISHER, GREGORY
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: EVD () Delete
Name: MARTELLA, JOHN N
Address: 301 LIPPINCOTT DR.
City-St-Zip: MARLTON, NJ 08053

Title: VP (X) Delete
Name: CANNON, PATRICK M
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: FISHER, GREGORY S
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: CFO (X) Change () Addition
Name: MCGARVEY, MATTHEW
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: DIR (X) Change () Addition
Name: FISHER, GREGORY S
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: EVP (X) Change () Addition
Name: SHAY, PAUL
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

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: WENDY L. CANALE

LM

07/06/2007

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