

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 JUL -6 PM12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M000000001113

1. Entity Name HOME CONNECTS LENDING SERVICES, LLC

Principal Place of Business 200 LAKESIDE PLAZA DRIVE SUITE 248 HORSHAM, PA. 19044  
Mailing Address LICENSING & REPORTING DEPT. 100 WITMER ROAD, P.O. BOX 963 HORSHAM, PA. 19044-0963

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 25-1849412 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  
City Plantation FL Zip Code 33324

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.

SIGNATURE  SIGNATURE, Typed or printed name of registered agent and title if applicable.

ANN J. WILLIAMS  
Assistant Vice President

7/5/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

3000004463289-2  
-07/09/01--01009--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

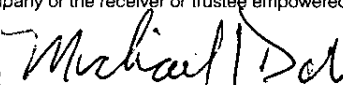
9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williams, Carolyn M. 200 Lakeside Plaza Drive Horsham, PA. 19044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mainardi, Marianne W. 4 Walnut Grove Drive Horsham, PA. 19044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bowen, Bruce P. 100 Witmer Road, P.O. Box 963 Horsham, PA. 19044-0963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daly, Michael 100 Witmer Road, P.O. Box 963 Horsham, PA. 19044-0963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST Patterson, Robert H. 100 Witmer Road, P.O. Box 963 Horsham, PA. 19044-0963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:  Michael Daly, Vice President  
Managing Member, GMACRH  
Settlement Services, Inc.

(215) 682-1486

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

Date

Daytime Phone #

CR2E083 (11/00)