

2001 UNIFORM BUSINESS REPORT (UBR)

0029498 AF

DOCUMENT # M00000001157

1. Entity Name

EDINA REALTY MORTGAGE, LLC

Homeservices Lending, LLC

Principal Place of Business

MAC X2404-035
1 HOME CAMPUS
DES MOINES IA 50328-0001

Mailing Address

MAC X2404-035
1 HOME CAMPUS
DES MOINES IA 50328-0001

2. Principal Place of Business

6800 France Ave South

Suite, Apt. #, etc.
Ste 410

City & State
Edina, MN

Zip
55435

Country
USA

3. Mailing Address

1 Home Campus

Suite, Apt. #, etc.
MAC X2401-C49

City & State

Zip
Country
USA

4. FEI Number 41-1914032

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WELLS FARGO VENTURES, LLC
MAC X2406-011/ 1 HOME CAMPUS
DES MOINES IA 50328-0001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EDINA REALTY HOME SERVICES
6800 FRANCE AVENUE
EDINA MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAC X2401-049, 1 Home Campus ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
55435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004219989--4
-05/16/01--01071--003
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]

VP-TAX

4/24/01

515-213-7518

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

Date

Daytime Phone #

CR2E083 (11/00)