2008 LIMITED LIABILITY COMPANY

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # M01000001555 04-15-2008 90115 032 ***138.75 CITIFINANCIAL MORTGAGE COMPANY, LLC Principal Place of Business Mailing Address 300 ST. PAUL PLACE 300 ST. PAUL PLACE BALTIMORE, MD 21202 **BSPMD-LEGAL DEPT** BALTIMORE, MD 21202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 52-2320911 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE-IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make:check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition TITLE Delete ToTLE Change SCHUTT, EUGENE NAME NAME BIND STREET ADDRESS 4000 REGENT BLVD STREET ADDRESS 75063 **IRVING, TX 75063** CITY-ST-ZIP CITY-ST-7IP VΡ TITLE ☐ Delete TITLE ☐ Change Addition TIMKEN, KATHY NAME NAME STREET ADDRESS 4000 REGENT BLVD STREET ADDRESS CITY-ST-7IP C'TY-ST-ZIP IRVING, TX 75063 **ASVP** ☐ Delete TITLE TITLE ☐ Change ☐ Addition DAVIS, LINDA S NAME NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP BALTIMORE, MD 21202 ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME BAER, TERESA M NAME 300 ST PAUL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP BALTIMORE, MD 21202 CITY-ST-ZIP ASAT ☐ Delete TITLE ☐ Change ☐ Addition TITLE CANDEY, K.A. NAMÉ NAME 300 ST. PAUL PLACE STREET ADDRESS. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BALTIMORE, MD 21202 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED