2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001889

1. Entity Name
RADIAN SERVICES LLC

Principal Place of Business	Mailing Address
1601 MARKET STREET PHILADELPHIA, PA 19103-2337	1601 MARKET STREET PHILADELPHIA, PA 19103-2337

01072004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1936987
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KARLEN, SUSAN
1419 HOLLEMAN DRIVE
VALRICO, FL 33594

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KASMAR, ROY J
STREET ADDRESS	18 HARRISON LANE
CITY-ST-ZIP	NEWTOWN SQUARE, PA 19073
TITLE	VP
NAME	QUINT, C. ROBERT
STREET ADDRESS	15 PIKES WAY
CITY-ST-ZIP	CHELTENHAM, PA 19012
TITLE	SVP
NAME	YARUSS, HOWARD S
STREET ADDRESS	80 CENTRAL PARK WEST
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	VP
NAME	RADICIONI, ROBERT
STREET ADDRESS	3033 ARROW HEAD LANE
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	T
NAME	LATIMER, TERRY
STREET ADDRESS	909 PINE VIEW DRIVE
CITY-ST-ZIP	WEST CHESTER, PA 19380
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000017151
01/28/04-80084-005 50.00

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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] Robert Radicioni 1/15/04 (215)231-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #