

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # M01000001889<br>1. Entity Name<br>RADIAN SERVICES LLC |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br>1601 MARKET STREET<br>PHILADELPHIA, PA 19103-2337 | Mailing Address<br>1601 MARKET STREET<br>PHILADELPHIA, PA 19103-2337 |
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| <b>DO NOT WRITE IN THIS SPACE</b> |  |
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| 6. Name and Address of Current Registered Agent<br><br>KARLEN, SUSAN<br>1419 HOLLEMAN DRIVE<br>VALRICO, FL 33594 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

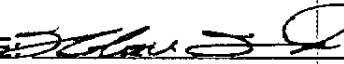
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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> |  |
|-----------------------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                               |  |
|----------------------------------------------------|-------------------------------------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>KASMAR, ROY J<br>18 HARRISON LANE<br>NEWTOWN SQUARE, PA 19073            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>QUINT, C. ROBERT<br>15 PIKES WAY<br>CHELTENHAM, PA 19012                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SVP<br>YARUSS, HOWARD S<br>80 CENTRAL PARK WEST<br>NEW YORK, NY 10023         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>RADICIONI, ROBERT<br>3033 ARROW HEAD LANE<br>PLYMOUTH MEETING, PA 19462 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>LATIMER, TERRY<br>909 PINE VIEW DRIVE<br>WEST CHESTER, PA 19380          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |  |

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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)(f), 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 606, Florida Statutes.

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 #