

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000001889 1. Entity Name RADIAN SERVICES LLC	
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Principal Place of Business 1601 MARKET STREET PHILADELPHIA, PA 19103-2337	Mailing Address 1601 MARKET STREET PHILADELPHIA, PA 19103-2337
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03162008 No Chg-LLC

CR2E083 (11/05)

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**U000000497284
04/22/06-80047-011 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASMAR, ROY J 18 HARRISON LANE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOHM, TAMI 1601 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP YARUSS, HOWARD S 80 CENTRAL PARK WEST NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADICIONI, ROBERT 3033 ARROW HEAD LANE PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATIMER, TERRY 909 PINE VIEW DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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.

SIGNATURE:  **3/22/06** **(215) 231-1407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #