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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # M01000001889** 04-30-2007 90046 028 ****50.00 1. Entity Name RADIAN SERVICES LLC 7 U U U U V ~ ~ Principal Place of Business Mailing Address 1601 MARKET STREET 1601 MARKET STREET PHILADELPHIA, PA 19103-2337 PHILADELPHIA, PA 19103-2337 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 23-1936987 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARLEN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 1419 HOLLEMAN DRIVE VALRICO, FL 33594 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Marager Mark A: Casale 1219 Gulph Creek Road TITLE M Delete TITLE Addition ☐ Change KASMAR, ROY J NAME NAME STREET ADDRESS 18 HARRISON LANE STREET ADDRESS CITY-ST-ZIP NEWTOWN SQUARE, PA 19073 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOHM, TAMI NAME STREET ADDRESS 1601 MARKET STREET STREET ADDRESS PHILADELPHIA, PA 19103 CITY-ST-7(P CITY-ST-ZIP TITLE SVP TITLE Manager Timothy Hunter Addition ☐ Change YARUSS, HOWARD S NAME NAME STREET ADDRESS 80 CENTRAL PARK WEST STREET ADDRESS 1007 Annin Street CITY-ST-ZIP NEW YORK, NY 10023 CITY-ST-ZIP Philadelphia, PA 1914 TITI F VΡ ☐ Delete TITLE Marager ☐ Addition NAME RADICIONI, ROBERT NAME STREET ADDRESS 3033 ARROW HEAD LANE STREET ADDRESS PLYMOUTH MEETING, PA 19462 CITY-ST-ZIP CITY-ST-ZIP Manager TITLE ☐ Delete TITLE **Change** ☐ Addition LATIMER, TERRY NAME NAME STREET ADDRESS 909 PINE VIEW DRIVE STREET ADDRESS WEST CHESTER, PA 19380 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE