

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002286

1. Entity Name
GE MORTGAGE SERVICES, LLC



Principal Place of Business

6601 SIX FORKS ROAD
RALEIGH, NC 27615

Mailing Address

6601 SIX FORKS ROAD
RALEIGH, NC 27615



01232004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2287461

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000000030998
02/04/04-80130-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DALL, MARCIA A
6601 SIX FORKS ROAD
RALEIGH, NC 27615

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MANN, THOMAS H
6601 SIX FORKS ROAD
RALEIGH, NC 27615

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MILLER, GERHARD A
6601 SIX FORKS ROAD
RALEIGH, NC 27615

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
RABITZ, JOANN B
6601 SIX FORKS ROAD
RALEIGH, NC 27615

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MARCIA A. DALL

1/29/04

(919) 846-4274

Date

Daytime Phone #