

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 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

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC

CR2E083 (10/03)

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, 2005**

000000182085
01/19/05-80014-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DALL, MARCIA A
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	MGR
NAME	MANN, THOMAS H
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	MGR
NAME	MILLER, GERHARD A
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	MGR
NAME	RABITZ, JOANN B
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	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:

Alan Goldberg

1/14/2005

(919) 846-4100

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

Date

Daytime Phone #