

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 020 ****50.00

DOCUMENT # M03000000411

1. Entity Name
GREENRIDGE MORTGAGE SERVICES, LLC



Principal Place of Business **049**
ONE HOME CAMPUS, MAC# X2401-06P
DES MOINES, IA 50328-0001

Mailing Address **049**
ONE HOME CAMPUS, MAC# X2401-06P
DES MOINES, IA 50328-0001

64000001



2. Principal Place of Business
1 Home Campus
Suite, Apt. #, etc.
MAC X2401-049
City & State
Des Moines, IA

3. Mailing Address
1 Home Campus
Suite, Apt. #, etc.
MAC X2401-049
City & State
Des Moines, IA

04202004 Chg-LLC CR2E083 (10/03)

Zip *50328* Country *USA*

Zip *50328* Country *USA*

4. FEI Number *03-0419145* Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WELLS FARGO VENTURES, LLC
STREET ADDRESS ~~ONE HOME CAMPUS~~
CITY-ST-ZIP ~~DES MOINES, IA 503280001~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1 Home Campus, MAC X2401-049*
CITY-ST-ZIP *Des Moines, IA 50328-0001*

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS *Greenridge Services Group*
CITY-ST-ZIP *3115 Orchard Vista Dr., SE*
Grand Rapids, MI 49546

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert Scallon* *Robert Scallon-AVP* *4/23/04* *515-213-7559*

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

Date

Daytime Phone #