

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001888

FILED
Jan 06, 2011
Secretary of State

Entity Name: GREEN TREE SERVICING LLC

Current Principal Place of Business:

300 LANDMARK TOWERS
345 ST. PETER STREET
ST. PAUL, MN 55102

New Principal Place of Business:

Current Mailing Address:

300 LANDMARK TOWERS
345 ST. PETER STREET
ST. PAUL, MN 55102

New Mailing Address:

FEI Number: 41-1795868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GREEN TREE SERVICING CORP
Address: 1100 LANDMARK TWRS, 345 ST. PETER ST.
City-St-Zip: SAINT PAUL, MN 55102

Title: SVPS
Name: COREY, BRIAN F
Address: 1100 LANDMARK TWRS, #345 ST. PETER ST.
City-St-Zip: SAINT PAUL, MN 55102

Title: P
Name: ANDERSON, KEITH
Address: 1100 LANDMARK TWRS, #345 ST. PETER ST.
City-St-Zip: SAINT PAUL, MN 55102

Title: AS
Name: LAMB-LINDOW, WANDA
Address: 300 LANDMARK TWRS, #345 ST. PETER ST.
City-St-Zip: SAINT PAUL, MN 55102

Title: SVPT
Name: COLLINS, CHERYL A
Address: 1100 LANDMARK TWRS 345 ST PETER ST
City-St-Zip: SAINT PAUL, MN 55102

Title: VP
Name: VAN HOUSE, JAMES P
Address: 7360 SOUTH KYRENE ROAD
City-St-Zip: TEMPE, AZ 85283

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WANDA LAMB-LINDOW

AS

01/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date