2008 LIMITED LIABILITY COMPANY

May 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M03000003499** 05-14-2008 90079 032 ***138.75 **EQUIFAX SETTLEMENT SERVICES LLC** Principal Place of Business Mailing Address PUNATATA **420 ROUSER ROAD** 420 ROUSER ROAD BLDG 3, 5TH FLOOR BLDG 3, 5TH FLOOR CORAOPOLIS, PA 15108 CORAOPOLIS, PA 15108 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 57-1178045 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MANAGER TITLE MGR TITI F ☐ Change 🔽 Delete AZUR, FRANCIS H NAME NAME STEVEN STRIPE ISSO PEACHTREE ST, N.W. STREET ADDRESS 345 ROUSER ROAD STREET ADDRESS CORAOPOLIS, PA 15108 CITY-ST-ZIP CITY-ST-71P <u>ATLANTA, 6A 30309</u> Addition TITLE ☐ Delete TITLE MANAGÉR ☐ Change AZUR, CHRISTOPHER F NASKE NAME JEFF COURY STREET ADDRESS 345 ROUSER ROAD STREET ADORESS 345 RouseR Rd CORAOPOLIS, PA 15108 CITY-ST-ZIP CITY-ST-ZIP PA 15108 DRAOPOLIS TITLE Delete ☐ Change Addition SHIRLEY, JULIE NAME NAME 1550 PEACHTREE STREET, N.W., #H-29 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30309 CITY-ST-ZIP ☐ Defete TITLE TITI F ☐ Change ☐ Addition MADISON, TOM NAME NAME 1550 PEACHTREE STREET, N.W. STREET ADORESS STREET ADDRESS ATLANTA, GA 30309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TOTLE ☐ Change ☐ Addition 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANA MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

FILED