
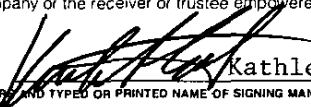


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90004 050 \*\*\*\*50.00

<b>DOCUMENT # M03000003612</b> 1. Entity Name <b>QUANTUM SETTLEMENT SERVICES, LLC</b>					
Principal Place of Business <b>7500 WEST JEFFERSON BLVD. FORT WAYNE, IN 46804</b>			Mailing Address <b>7500 WEST JEFFERSON BLVD. FORT WAYNE, IN 46804</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATERFIELD FINANCIAL CORPORATION		NAME		
STREET ADDRESS	7500 WEST JEFFERSON BLVD.		STREET ADDRESS		
CITY - ST - ZIP	FORT WAYNE, IN 46804		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	President	
STREET ADDRESS			STREET ADDRESS	7500 West Jefferson Blvd.	
CITY - ST - ZIP			CITY - ST - ZIP	Fort Wayne, IN 46804	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Vice President	
STREET ADDRESS			STREET ADDRESS	Amy Rupright...	
CITY - ST - ZIP			CITY - ST - ZIP	7500 West Jefferson Blvd.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Vice President	
STREET ADDRESS			STREET ADDRESS	Teri Freeby	
CITY - ST - ZIP			CITY - ST - ZIP	7500 West Jefferson Blvd.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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 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.					
<b>SIGNATURE:</b>  <b>Kathleen A. Smith, AVP (Waterfield Financial Corp.)</b> <b>04/30/04</b> <b>260.434.8346</b>					

**44042793**



04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0249569** Applied For ☐ Not Applicable ☐

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