2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# M04000003656

Entity Name: PARAMOUNT CAPITAL SERVICING LLC

Current Principal Place of Business:

300 CONSHOHOCKEN STATE ROAD
SUITE 240
CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

300 CONSHOHOCKEN STATE ROAD
SUITE 240
CONSHOHOCKEN, PA 19428

New Mailing Address:

FEI Number: 20-1398439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 ( ) Delete
Name: PAUL, RYAN
Address: 1720 BALSAM LANE
City-St-Zip: VILLANOVA, PA 19085

Title: MGRM ( ) Delete
Name: LERMAN, STEVEN
Address: 1408 LANES END
City-St-Zip: VILLANOVA, PA 19085

Title: MGRM ( ) Delete
Name: BELL, BRUCE
Address: 811 BLACK ANGUS LANE
City-St-Zip: HUNTINGDON VALLEY, PA 19006

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PAUL, RYAN
Address: 417 YOUNGSFORD LANE
City-St-Zip: GLADWYNE, PA 19035

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RYAN PAUL MGRM 01/19/2009

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