

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000005405

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** CU MORTGAGE NETWORK LLC

**Current Principal Place of Business:**

8763 UNION CENTRE BLVD.  
SUITE 101  
WEST CHESTER, OH 45069

**New Principal Place of Business:**

**Current Mailing Address:**

8763 UNION CENTRE BLVD.  
SUITE 101  
WEST CHESTER, OH 45069

**New Mailing Address:**

**FEI Number:** 20-1838189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 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:** BEHLER, STEVE  
**Address:** 8763 UNION CENTRE BLVD  
**City-St-Zip:** WEST CHESTER, OH 45069

**Title:** MGRM  
**Name:** GSCHWIND, DAVID  
**Address:** 8763 UNION CENTRE BLVD. SUITE 101  
**City-St-Zip:** WEST CHESTER, OH 45069

**Title:** MGRM  
**Name:** SUTTON, DAN  
**Address:** 8763 UNION CENTRE BLVD  
**City-St-Zip:** WEST CHESTER, OH 45069

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:** DAVID GSCHWIND

MGRM

01/12/2010

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