

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003413

FILED
Jan 03, 2008
Secretary of State

Entity Name: RESIDENTIAL CONSUMER SERVICES, LLC

Current Principal Place of Business:

100 WITMER ROAD
HORSHAM, PA 19044

New Principal Place of Business:

1100 VIRGINIA DRIVE
FT. WASHINGTON, PA 19034

Current Mailing Address:

100 WITMER ROAD
HORSHAM, PA 19044

New Mailing Address:

ONE MERIDIAN CROSSINGS
SUITE 100 MC:03-04-60
MINNEAPOLIS, MN 55423

FEI Number: 20-4812167

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: MGR () Delete
Name: JONES, JAMES G
Address: 8400 NORMANDALE LAKE BLVD, SUITE 250
City-St-Zip: MINNEAPOLIS, MN 55437

Title: MGR () Delete
Name: HILLSMAN, JAMES R
Address: 100 WITMER ROAD
City-St-Zip: HORSHAM, PA 19044

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, JAMES G
Address: ONE MERIDIAN CROSSINGS , SUITE 100
City-St-Zip: MINNEAPOLIS, MN 55423

Title: MGR (X) Change () Addition
Name: YOUNG, JAMES R
Address: ONE MERIDIAN CROSSINGS , SUITE 100
City-St-Zip: MINNEAPOLIS, MN 55423

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: JAMES JONES

MGR

01/03/2008

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