## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000000271

Name:

Address:

City-St-Zip:

Entity Name: VISTA SETTLEMENT SERVICES, LLC

FILED Apr 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 20 NORTHWEST THIRD STREET EVANSVILLE, IN 47708 **Current Mailing Address: New Mailing Address:** 20 NORTHWEST THIRD STREET EVANSVILLE, IN 47708 FEI Number: 14-1983457 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition KABAT, KEVIN T KABAT, KEVIN T Name: Name: 38 FOUNTAIN SQUARE PLAZA Address: 38 FOUNTAIN SQUARE PLAZA Address: City-St-Zip: CINCINNATI, OH 45263 City-St-Zip: CINCINNATI, OH 45263 Title: MGR Title: PRES (X) Change ( ) Addition ( ) Delete CARMICHAEL, GREG D Name: KEITH, RHEINLANDER Name: Address: 38 FOUNTAIN SQUARE PLAZA Address: 38 FOUNTAIN SQUARE PLAZA City-St-Zip: CINCINNATI, OH 45263 City-St-Zip: CINCINNATI, OH 45263 Title: MGR () Delete Title: SEC (X) Change ( ) Addition REYNOLDS, PAUL L PAUL, THERESE M Name: Name: 38 FOUNTAIN SQUARE PLAZA 38 FOUNTAIN SQUARE PLAZA Address: Address: City-St-Zip: CINCINNATI, OH 45263 City-St-Zip: CINCINNATI, OH 45263 Title: SEC ( ) Delete Title: TREA (X) Change ( ) Addition Name: PAUL, THERESE M Name: BRADLEY, CHARLIE Address: 38 FOUNTAIN SQUARE PLAZA Address: 38 FOUNTAIN SQUARE PLAZA City-St-Zip: CINCINNATI, OH 45263 City-St-Zip: CINCINNATI, OH 45263 Title: ( ) Delete Title: () Change () Addition SWENDIMAN, MATTHEW Name: Name: 38 FOUNTAIN SQUARE PLAZA Address: Address: City-St-Zip: CINCINNATI, OH 45263 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

REYNOLDS, PAUL L

38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263

SIGNATURE: MATTHEW SWENDIMAN AS 04/10/2009