Amended

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000085

1. Entity Name
Decision One mortgage Co. LLC, L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6060 J.A. JONES DR	2700 Sanders Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Tax Dept - 2S
City & State CHARLOTTE NC	City & State Prospect Heights IL
Zip 28287 Country	Zip 60070 Country

4. FEI Number 56-1960744 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

100005666261--1
-06/03/02--01089--004
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE MGR NAME JC Faulkner STREET ADDRESS 6060 JA Jones Dr. CITY-ST-ZIP Charlotte NC 28287	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE mem NAME William A markwat STREET ADDRESS 6060 JA Jones Dr. CITY-ST-ZIP Charlotte NC 28287	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE mem NAME Parker C Dibble JR. Inc. STREET ADDRESS 6060 JA Jones Dr. CITY-ST-ZIP Charlotte NC 28287	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE mem NAME Tod E. Highfield STREET ADDRESS 6060 JA Jones Dr. CITY-ST-ZIP Charlotte NC 28287	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE mem NAME James C. Tarulli STREET ADDRESS 6060 JA Jones Dr. CITY-ST-ZIP Charlotte NC 28287	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Sr VP & Asst Secretary NAME Michael A DeLuca STREET ADDRESS 2700 Sanders Rd. CITY-ST-ZIP Prospect Heights IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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.

SIGNATURE: Michael A DeLuca michael A DeLuca (847)564-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED PERSON