

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M97000000462

1. Entity Name
GHS MORTGAGE, LLC

FILED
01 APR -9 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**100 WITMER ROAD
HORSHAM PA 19044**

Mailing Address
**100 WITMER ROAD
HORSHAM PA 19044**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
100 Witmer Rd/PO Box 963
Suite, Apt. #, etc.

City & State
Horsham, PA

DO NOT WRITE IN THIS SPACE

Zip
19044-0963

Country
USA

4. FEI Number
23-2913776

Applied For
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM APPLEGATE, DAVID M	<input type="checkbox"/> Delete	TITLE NAME MGRM Robert Sparrow	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 WITMER ROAD HORSHAM PA 19044		STREET ADDRESS 4 Walnut Grove	
TITLE NAME MGRM HEWITT, JOHN	<input checked="" type="checkbox"/> Delete	TITLE NAME MGRM Robert H. Patterson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS ONE LOWER RAGSDALE DR., BLDG. 1, STE. 200 MONTEREY CA 93940-5326		STREET ADDRESS 2914 East Katella Av. Orange CA 92867	
TITLE NAME MGRM FELLER, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE NAME MGRM Bruce Bowen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 WITMER ROAD HORSHAM PA 19044		STREET ADDRESS 100 Witmer Road/PO Box 963 Horsham, PA 19044-0963	
TITLE NAME MGRM LYLES, RON	<input type="checkbox"/> Delete	TITLE NAME MGRM Bruce Bowen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 477 MARTINSVILLE ROAD LIBERTY CORNER NJ 07938		STREET ADDRESS 4 Walnut Grove	
TITLE NAME MGRM MAINARDI, MARIANNE	<input type="checkbox"/> Delete	TITLE NAME MGRM Bruce Bowen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 WITMER ROAD HORSHAM PA 19044		STREET ADDRESS 100 Witmer Road/PO Box 963 Horsham, PA 19044-0963	
TITLE NAME MGRM SNYDER, GLEN W	<input checked="" type="checkbox"/> Delete	TITLE NAME MGRM Bruce Bowen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 WITMER ROAD HORSHAM PA 19044		STREET ADDRESS 100 Witmer Road/PO Box 963 Horsham, PA 19044-0963	

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: Marianne Mainardi DATE: 215-682-3648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)