2001 UNIFORM BUSINESS REPORT (UBR) 1. Entity Name CREDIT-BASED ASSET SERVICING AND SECURITIZATION LLC JUN 20 AM 11: 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 335 Madison Avenue 335 Madison Avenue New York, MY 10017 NEW YORK, NY 10017 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13- 3897606 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hay Street Tallahassee, FL 3230/ City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ī <u>9</u>. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MGR MGR TITLE ₩ Delete NAME Filipps, Frank Gross, Daniel 335 Madison Avenue NEW YOYK, NY 10012 STREET ADDRESS STREET ADDRESS 1601 Market Street CITY-ST-ZIP philadelphia, PA 19103 CITY-ST-ZIP MG R. TITLE Change **Addition** TITLE Delete Quint, C. Robert NAME NAME ETTINGEY, TONY M STREET ADDRESS STREET ADDRESS 1601 Market Street CITY-ST-ZIE 335 Madison Avenue, New York, NY (1001) CITY-ST-ZIP philadelphia, DA 1910; TITLE ☐ Change ■ Addition TITLE VERHOEVEN, BERNIE NAME 600004452336 STREET ADDRESS STREET ADDRESS -06/29/01--01036--002 270 E. Kilborne Ave, Milwaubee, WISSE CITY-ST-ZIP CITY-ST-ZIP ####<u>\$50.00</u> \*\*\*\*\*50 00 MGR TITLE ☐ Change TITLE NAME NAME ZEILNER, LOU TURNER STREET ADDRESS STREET ADDRESS 270 E. Kilborne Aug CITY-ST-ZIP CITY-ST-ZIP Milwayte, WI 53202 MGR **Change** TITLE ■ Addition MGR Williams Bruce NAME NAME Williams, Bruce 335 Madison Avenue, 19th Floor 335 Madison Avenue 26th Floor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE TITLE النب NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

212-8501700