

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90094 014 ****55.00

906703



DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000855

1. Entity Name

CREDIT-BASED ASSET SERVICING AND SECURITIZATION LLC

Principal Place of Business

**335 MADISON AVENUE, 19TH FLOOR
 NEW YORK NY 10017**

Mailing Address

**335 MADISON AVENUE, 19TH FLOOR
 NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3897606

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

No Change

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **FILIPPS, FRANK**
 STREET ADDRESS **1601 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **QUINT, C. ROBERT**
 STREET ADDRESS **1601 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **VERHOEVEN, BERNIE**
 STREET ADDRESS **270 E. KILBOURNE AVENUE**
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **ZELLNER, LOU TURNER**
 STREET ADDRESS **270 E KILBOURNE AVENUE**
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **WILLIAMS, BRUCE J**
 STREET ADDRESS **335 MADISON AVENUE, 19TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bruce J. Williams
Manager

SIGNATURE REQUIRED

1-10-2002

212 8507740

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

Date

Daytime Phone #

CR2E083 (9/01)