

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M98000000963**

1. Entity Name

OLYMPUS GP LLC**FILED**
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90003 018 ****50.00

Principal Place of Business

**9600 GREAT HILLS TRAIL, 200 W
AUSTIN TX 78759**

Mailing Address

**9600 GREAT HILLS TRAIL, 200 W
AUSTIN TX 78759**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **74-2885882**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FRIEDMAN, DAVID
9600 GREAT HILLS TRAIL, 200 W
AUSTIN TX 78759** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Jeff Neal
9600 Great Hills Trail, 200W
Austin, Texas 78759** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONES, CHRISTOPHER
9600 GREAT HILLS TRAIL, 200 W
AUSTIN TX 78759** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Terry Farley
302 Carnegie Center, 2nd Floor
Princeton, New Jersey 08540** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Daniel Thompson
302 Carnegie Center, 2nd Floor
Princeton, New Jersey 08540** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: SIGNATURE REQUIRED Jeff Neal, Manager, September 23, 2002

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

Date

Daytime Phone #

CR2E083 (4/02)



attachment

874233

M98000000963

Date Prepared: 9/23/2002

Business Check Request

*** For Accounting Use Only

G/L # 79410

Department 8000

Project 99

Fixed Asset #

Initials [Signature]

Fedex

Mail

Return to Sender

ENTERED [Stamp]

*Issue to: Department of State

(vendor)

*Remit to: Department of State

(address)

409 E. Gaines Street
Tallahassee, Florida 32399

*Phone Number: (850) 245-6051

*Invoice Date:

Invoice/Reference #:

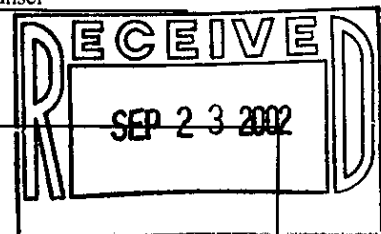
*Cost Center	Investor Name	Description	*Amount
8000		2002 Uniform Business Report Olympus Servicing GP LLC	50.00
Total Remittance			\$ 50.00

POSTED [Stamp]

*Requestor: Angie Malone Extension: 349-8654

*Approval: [Signature] *Approver's Name/Title: William Schneider, Legal Counsel

***Out of cycle Approval: Toby Wells or Alisa Turner



**Handling Instructions and Complete Explanation of Request (Cost Center, Loan #, Investor, Etc.)
Incomplete Information on Request Will Result in Return of Request Without Check Being Processed

NOTE: The Following is Required in order to Process Payments:
The Description should include explicit detail including loan reference, quantity, explanation, etc.
Attach Original Invoice. No payment will be made on 2nd request or past due invoices.
Attach W-9 for new vendors.
Attach Fedex Package or large (magazine size) addressed envelope if required.
Attach Copies of any paperwork needing to be mailed with payment and note Send Originals under **Special Handling.

* Required Field
*** Accounting department use only.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, DAVID 9600 GREAT HILLS TRAIL, 200 W AUSTIN TX 78759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jeff Neal 9600 Great Hills Trail, 200W Austin, Texas 78759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, CHRISTOPHER 9600 GREAT HILLS TRAIL, 200 W AUSTIN TX 78759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Terry Farley 302 Carnegie Center, 2nd Floor Princeton, New Jersey 08540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Daniel Thompson 302 Carnegie Center, 2nd Floor Princeton, New Jersey 08540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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Date

Daytime Phone: #