2004 FOR PROFIT CORPORATION

FILED Apr 22, 2004 8:00 am Secretary of State

00011	ANNVAL REFURI					Secretary or State			
DOCUMENT # P0300005889 1. Entity Name LENDERS DEFAULT SERVICING CORP.)4 90025 018			
Principal Place	of Business	Mailing Address							
195 NORTH LAKEWOOD CIRCLE		195 NORTH LAKEWOOD CIRCLE				3			
MAITLAND, F		MAITLAND, FL 32751							
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2. Principal P	ace of Business	3. Mailing Address							
				1 (26)146	151 BRIDE 11141 BRS1 BRS1 B	MISL Martin Ankan Akimi fi	IFAR SANTA MATA	HONE (1 10 S)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004	Chg-P	ng-P CR2E034 (10/03)			
City & State		City & State			4. FEI Number Applied For S4-20,090/9 Not Applicable				
Zip	Country	Zip	Country	•	te of Status Desired	┌ \$8.	.75 Addi		
		<u> </u>		L		Fee	Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name B	nd Address of New	Registered Ager	<u>nt</u>		
ORSOLITS, ROBERT				Name					
195 NORT	H LAKEWOOD CIRCLE		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
MAITLAND, FL 32751									
			City				Zip Code		
		· · · · · · · · · · · · · · · · · · ·				FL			
	named entity submits this statement for ions of registered agent:	r the purpose of changing its	registered office or reg	gistered agent, or l	oth, in the State of I	Florida. I am fami	iliar with, a	and accept	
l vonga.		,							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				equired when reinstating)		DATE			
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FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig		\$5.00 May Be					
FIL After M	ny 1, 2004 Fee will be \$550.	Trust Fund Contr		\$5.00 May Be Added to Fees					
After Ma	ny 1, 2004 Fee will be \$550.	Trust Fund Contr	ibution.	\$5.00 May Be Added to Fees	S/CHANGES TO OF	FICERS AND DIF			
After Ma	officers and	Trust Fund Contr	11.	\$5.00 May Be Added to Fees	S/CHANGES TO OF	FICERS AND DIF	RECTORS	S IN 11	
After Ma	ny 1, 2004 Fee will be \$550.	Trust Fund Contr	ibution.	\$5.00 May Be Added to Fees	S/CHANGES TO O	FICERS AND DIF			
After M: 10. TITLE NAME	OFFICERS AND ORSOLITS, ROBERT	Trust Fund Contr	11. FITLE NAME	\$5.00 May Be Added to Fees	S/CHANGES TO O	FICERS AND DIF			
10. TITLE NAME STREET ADDRESS	OFFICERS AND D ORSOLITS, ROBERT 195 NORTH LAKEWOOD CIRCL	Trust Fund Contr	11. ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	S/CHANGES TO OF	FICERS AND DIF			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND ORSOLITS, ROBERT 195 NORTH LAKEWOOD CIRCL MAITLAND, FL 32751	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	S/CHANGES TO OF	FICERS AND DIF	Change	Addition	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND ORSOLITS, ROBERT 195 NORTH LAKEWOOD CIRCL MAITLAND, FL 32751	Trust Fund Contr	11, TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	S/CHANGES TO O	FICERS AND DIF	Change	Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND D ORSOLITS, ROBERT 195 NORTH LAKEWOOD CIRCL MAITLAND, FL 32753	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	S/CHANGES TO OF	FICERS AND DIF	Change	Addition	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR