FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91598 038 ***150.00

DOCUMENT # P28159

1. Entity Name
Correspondent Services Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 Harbor Blvd.	1000 Harbor Blvd.
Suite, Apt. #, etc. 9th Floor Tax Dept.	Suite, Apt. #, etc. 9th Floor, Tax Dept.
City & State Weehawken, NJ	City & State Weehawken NJ
Zip 07086 Country USA	Zip 07086 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2999831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

City Tallahassee **FL** Zip Code 32301-2525

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Michael F. Dura
STREET ADDRESS	1000 Harbor Blvd.
CITY-ST-ZIP	Weehawken, NJ 07086
TITLE	S
NAME	Geraldine L. Banyai
STREET ADDRESS	1000 Harbor Blvd.
CITY-ST-ZIP	Weehawken, NJ 07086
TITLE	AT
NAME	Kenneth Levine
STREET ADDRESS	1000 Harbor Blvd. 07086
CITY-ST-ZIP	Weehawken, NJ 07086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	**DO NOT WRITE**
NAME	**IN THIS SPACE**
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ken Levine 4/22/02 201-352-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #