## **2007 FOR PROFIT CORPORATION**

DOCUMENT # P28159  **Entry Name CORRESPONDENT SERVICES CORPORATION  **FILE D**  O7 MAY -9 AM 2: 59  **SECRETARY OF STATE TALLAHASSEE FLORIDA**  **IALLAHASSEE FLORIDA**  **	ANNUAL REPORT										
B 2 DEVINSHIRE ST BOSTON, MA 02109  2. Principal Place of Business - No P.O. Box #   3. Mailing Address  Sulfe, Apr. #, etc.   04272007	1. Entity Name						FILE	D			
Suite, Apt. 4, etc.	82 DEVONSHIRE ST		82 DEVONSHIRE ST								
Cry & State	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address								
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04272007	Chg-P	CR2E034	(12/06)		
S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  Fee Required   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  FEE   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  FEL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  FEL   Zip Code    DAIL   Street Address (P.O. Box Number is Not Acceptable)  FILE Not   State of Forida. I am familiar with, and accept into collegations of registered agent, or both, in the State of Forida. I am familiar with, and accept into collegations of registered agent, or both, in the State of Forida. I am familiar with, and accept into collegations of registered agent and title stockness   Street Address (P.O. Box Number is Not Acceptable)  FEL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Not Acceptable)  DAIL   Street Address (P.O. Box Number is Number i			City & State			1		,	_ <del> </del>		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip			Country		l		LJ Fe	e Required		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	Registered Agent	*lama		7. Name and	Address of New F	Registered Age	ent		
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   Signature   Propose of private name of registered agent and life of applications	1200 SOUTH PINE ISLAND ROAD										
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	PLANTATION, FL 33324							EI	Zip Code	•	
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution. □ Added to Fees  10.	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										
TITLE DAME MALO, NORMAN R MALO, NORM			T 15 10 13	· · · —							
MALO, NORMAN R STREET ADDRESS BOSTON, MA 02109  TITLE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109  TITLE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109  TITLE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109  TITLE D MACCOLGAN, ELLYN STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109  TITLE AS STREET ADDRESS CITY-ST-ZIP Change Addition AME STREET ADDRESS CITY-ST-ZIP Change Addition AME STREET ADDRESS CITY-ST-ZIP Change Addition AS STREET ADDRESS CITY-ST-ZIP Change Addition AME STREET ADDRESS CITY-ST-ZIP Change Addition AS STREET ADDRESS CITY-ST-ZIP Change Addition AME STREET ADDRESS CITY-ST-ZI	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	FICERS AND D	IRECTORS	IN 11	
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NAME STURDY, SUSAN STREET ADDRESS 82 DEVONSHIRE STREET  NAME STREET ADDRESS 5/9/5	NAME STREET ADDRESS	HEALY, MARK C 82 DEVONSHIRE STREET	☐ Delete	NAME STREET ADDRESS					] Change	☐ Addition	
CITY-ST-ZIP BOSTON, MA 02109	NAME STREET ADORESS CITY-ST-ZIP	STURDY, SUSAN 82 DEVONSHIRE STREET BOSTON, MA 02109		NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		5)	-		
	12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemptions of	contained	I in Chapter 119.	Florida Statutes.	L further certify	that the in	formation	

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: MAN A SUSAN SUSAN SELECT SECRETARY SECRETARY SECRETARY SECRETARY

(617) 563-7000 Daytime Phone •