RI SOS Filing Number: 200704231380 Date: 11/28/2007 4:00 PM

State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***A. Ralph Mollis,*** *Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** $50.00

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 000151550 | First National Mortgage Sources, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Kansas | Mortgage Financing |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 1100 Fort St | Hayes | KS | 67601 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Amanda C McDonald | POA |

| Street Address | City | State | Zip |
|---|---|---|---|
| 120 S Central Ave, Suite 400 | Clayton | MO | 63105 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS**
**FILL IN SPACES BEFORE USING ATTACHMENTS** ("X" BOX FOR ATTACHMENT) ☐

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Bill Toepfer | 10901 Lowell, Suite 125 | Overland Park | KS | 66210 |
| | | | | |
| | | | | |

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| | | | | |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address | City | Zip |
|---|---|---|---|
| CT Corporation System | 10 WEYBOSSET STREET | Providence | 02903 |

2007 NOV 16 AM 9:47

*This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

[redacted] 000151550 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Signature of Authorized Person* — *Date* 11/15/07

Amanda C McDonald
*Print or Type Name of Authorized Person*

| | |
|---|---|
| *File Date* | FILED |
| *Check No.* | NOV 28 2007 |
| *By:* | By 530104438 |

16402-46-203639
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 07/07