ID Number: _____

Filing Fee: \$50.00



Form No. 154 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

| μu | inpose submits the following statement. | 22 | ١ |
|----|---|------------------------------------|---|
| 1. | The name of the corporation is Greystone Residential Funding, Inc. | 2 | |
| 2. | It is incorporated under the laws of Delaware | | |
| 3. | It is not transacting business in the state of Rhode Island. | | |
| 4. | It hereby surrenders its authority to transact business in the state of Rhode Island. | .1 | |
| 5. | It revokes the authority of its registered agent in this state to accept service of process, and consents process in any action, suit, or proceeding based upon any cause of action arising in this state durin corporation was authorized to transact business in this state may subsequently be made on the service thereof on the Secretary of State of the State of Rhode Island. | that service of | |
| 6. | The post office address to which the Secretary of State may mail a copy of any process against the c is served on the Secretary of State: 8401 Greenway Blud, Surte 500, middleton, wit 53562 | orporation that | |
| 7. | As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes. | | |
| 8. | If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrexecuted on behalf of the corporation by the receiver or trustee. | rawal must be | |
| 9. | This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is shall be no later than the 90 th day after the date of this filing | provided which | 1 |
| Da | Under penalty of perjury, I declare and affir examined this Application for Certificate of Withd any accompanying attachments, and that contained herein are true and correct. Signature of Authorized Officer of the Co | rawal, including all statements | } |
| | Peter T. Sorce, CFO, EVP | rporation | - |
| | FILED Type or Print Name of Authorized Of | ficer | - |
| | JAN 05 2009 By AME | | |
| | KV 7111/ | | |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Revenue DIVISION OF TAXATION One Capitol Hill Providence, RI 02908-5800 154093

December 23, 2008

TO WHOM IT MAY CONCERN:

Re: GREYSTONE RESIDENTIAL FUNDING INC

It appears from our records that the above named corporation has filed all the required Business Corporation Tax Returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of this date regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the above named corporation for the purpose of

WITHDRAWAL

Very truly yours,

David M. Sullivan Tax Administrator

Charles J. Larocque
Chief Revenue Agent

Corporations