



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2012

**1. ID No.** 000585130

**2. Exact Name of the Limited Liability Company** Speedy Title & Appraisal Review Services LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Real Estate Appraisal Management Company

**5. Principal Office Address**

No. and Street: 2000 MIDLANTIC DRIVE  
STE. 300

City or Town: MT. LAUREL State: NJ Zip: 08054 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KATHY ELZEA Contact Title: LEGAL COUNSEL

No. and Street: 10400 YELLOW CIRCLE DRIVE  
STE. 400

City or Town: MINNETONKA State: MN Zip: 55343 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MARTY FOSTER	1 MORTGAGE WAY MT. LAUREL, NJ 08054 USA
MANAGER	RON LYLES	1 MORTGAGE WAY MT. LAUREL, NJ 08054 USA
MANAGER	TERRI MERLINO	1 MORTGAGE WAY MT. LAUREL, NJ 08054 USA
MANAGER	BILL SHERAKAS	11902 BURNET RD AUSTIN, TX 78758 USA
MANAGER	JOE REPERT	150 2ND AVE. N, STE 1080 ST. PETERSBURG, FL 33701 USA
MANAGER	MARK ARCHULETA	10400 YELLOW CIRCLE DR., STE. 400 MINNETONKA, MN 55343 USA

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

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

**Signed this 29 Day of August, 2012 at 5:17:21 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHLEEN A ELZEA  
Signature of Authorized Person

Form No. 632  
Revised 09/07