



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 ✓ **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. <b>000712157</b>		2. Exact name of the limited liability company <b>ONEMAIN REMARKETING, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of business conducted in Rhode Island <b>ADMINISTRATIVE SERVICES</b>			
5. Principal office address <b>300 ST PAUL PLACE</b>		City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21202</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>ATTN: TAX &amp; REPORTING</b>		Contact Title			
Street Address <b>P.O. BOX 30509</b>		City <b>TAMPA</b>	State <b>FL</b>	Zip <b>33631</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <b>JAMES W SCHNEIDER</b>		Manager Name <b>GREGORY LECHNER</b>			
Street Address <b>300 ST PAUL PLACE</b>		Street Address <b>300 ST PAUL PLACE</b>			
City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21202</b>	City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21202</b>
Manager Name <b>LINDA S DAVIS</b>		Manager Name <b>KAREN TANNER-SMITH</b>			
Street Address <b>300 ST PAUL PLACE</b>		Street Address <b>300 ST PAUL PLACE</b>			
City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21202</b>	City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21202</b>
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED 10:40**  
 OCT 09 2013  
 BY DL 2078669

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File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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

*[Signature]*  
 Signature of Authorized Person  
**JOHN OVALLES**  
 Print or Type Name of Authorized Person

10/8/13  
 Date