



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

No Fee

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

Foreign Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2014

1. ID No. 000507414

2. Exact Name of the Limited Liability Company Home Servicing, LLC

3. State of Formation

State: LA

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

Mortgage Loan Servicing on 1st liens only

5. Principal Office Address

No. and Street: 2431 S. ACADIAN THRUWAY
SUITE 525

City or Town: BATON ROUGE State: LA Zip: 70808 Country: USA

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

Contact Name: Contact Title:
No. and Street: 2431 S. ACADIAN THRUWAY
SUITE 525

City or Town: BATON ROUGE State: LA Zip: 70808 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	GEORGE CABALLERO	1555 S. COLUMBINE STREET BATON ROUGE, LA 70808 USA
MANAGER	DAVID FERNANDO CABALLERO	11165 N. LAKESIDE OAKS AVE BATON ROUGE , LA 70810 USA
MANAGER	WILLIAM DAVID TOBIN	50 MURRAY STREET #810 NEW YORK, NY 10007 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 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

Signed this 29 Day of July, 2015 at 6:03:44 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 GEORGE G CABALLERO
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

