



**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 Business Corp
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: 2016

1. Corporate ID No. 000115699

2. Name of Corporation MATRIX FINANCIAL SERVICES CORPORATION

3. Street Address Principal Business Office:

No. and Street: 601 CARLSON PARKWAY, SUITE 1400-A
City or Town: MINNETONKA

State: MN Zip: 55305 Country: USA

5. State of Incorporation

State: AZ

6. Brief Description of the Character of Business Conducted in Rhode Island

MORTGAGE SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS SIERLING	590 MADISON AVENUE, 36TH FLOOR NEW YORK, NY 10022 USA
TREASURER	BRAD FARRELL	601 CARLSON PARKWAY, SUITE 1400 MINNETONKA, MN 55343 USA
SECRETARY	REBECCA B. SANDBERG	601 CARLSON PARKWAY, SUITE 1400 MINNETONKA, MN 55343 USA
DIRECTOR	BRAD FARRELL	601 CARLSON PARKWAY, SUITE 1400 MINNETONKA, MN 55305 USA
DIRECTOR	THOMAS SIERING	590 MADISON AVENUE, 36TH FLOOR NEW YORK, NY 10022 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100,000.00	5000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 19 Day of February, 2016 at 1:30:46 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By BRAD FARRELL
Signature of Authorized Representative of the Corporation

Form No. 630
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:

Nellie M. Gorbea
Secretary of State

