State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for the	year:	2017
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Corporation

→ Filing period: January 1 - March 1

Entity ID Number	2. Exact nan	2. Exact name of the Corporation						
66413		BENEFICIAL HOMEOWNER SERVICE CORPORATION						
3. Principal Office Address		. ·	City		State	Zip		
636 GRAND REGENCY BLVD)		BRANDON		FL	33510		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business of	conducted in Rhode Is	land			
52 - Finance and Insurance		MORTGAGE LENDER						
5. State of Incorporation								
DELAWARE								
7. List ALL officers (names and	addresses)			Check t	he box to	indicate an attachment		
President Name KATHRYN MADISON			Vice-President Name JOHN P GRIFFIN					
Street Address 961 WEIGEL DR			Street Address 1421 W SHURE DR. STE 100					
City ELMHURST	State	^{Zip} 60126	City ARLINGTON HEIGHTS		State IL	^{Zip} 60004		
	Secretary Name LYNNE ZAREMBA			Treasurer Name JOHN P GRIFFIN				
Street Address 1421 W SHURE DR. STE 100			Street Address 1421 W SHURE DR. STE 100					
City ARLINGTON HEIGHTS	State	^{Zip} 60004	City ARLINGTON HEIGHTS		State IL	^{Zip} 60004		
8. List ALL directors (names and	l addresses)				he box to	indicate an attachment 🛂		
Director Name KATHRYN MADIS			Director Name					
Street Address 961 WEIGEL DR			Street Address	S				
City ELMHURST	State IL	Zip 60126	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address	3				
City	State	Zip	City		State	Zip		
						ndicate an attachment 🔲		
This information is currently of record in the Department of State.		NUMBER O	F SHARES	CLASS/SERIES		PAR VALUE		
Changes require an additional filing.		59		COMMON		\$100		
11. This report must be executed	i on behalf of the	corporation by an a	authorized repres	sentative. If the corpora	ation is in	the hands of a receiver or		
trustee, this report must be exec Under penalty of perjury, I dec	uted on behalf of	the corporation by	the receiver or tr	ustee.	-andna a	a badadan an d		
statements, and that all statem				iciuumy any accomp	Danying a	CRequies and		
Name of Authorized Representat				***	Date	/ /		
	SSISTANT TREA	ASURER		1/26/17				
Signature of Authorized Represe	htative							
MA-1511	-	Sec. 11.2	ert de east (fil	ren Fen				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

FEB 1 0 2017

BY 900542258

ID#66413

BENEFICIAL HOMEOWNER SERVICE CORPORATION Directors & Officers

Director	Kathryn Madison		
President	Kathryn Madison		
Vice President – Treasurer & Controller	John P. Griffin		
Vice President & Secretary	Lynne Zaremba		
Vice President	Donald Scarcello		
Assistant Vice President & Assistant Secretary	Rose C. Mancini		
Assistant Vice President & Assistant Secretary	Bruce E. Gaddy		
Assistant Vice President	Joseph J. Kelly		
Assistant Vice President	Carin Rodemoyer		
Assistant Vice President	Phyllis I. Johnston		
Assistant Vice President	Isabel Pierri-Isabelle		
Assistant Vice President	Christina A. Kozaritz		
Assistant Vice President	Connie F. Rogers		
Assistant Vice President	Mark LoSacco		
Assistant Vice President	Quandrea Fester		
Assistant Vice President	Rhonda Nitsche		
Assistant Vice President	Jose Churruca		
Assistant Vice President	David Bertaut		
Assistant Treasurer	Rick L. Behnke		
Assistant Treasurer	James S. Stiegel		
Assistant Treasurer	Steven E. Smith		