

AMENDED



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

R.I. DEPARTMENT OF STATE

2017 FEB 14 PM 2:39

Annual Report for the year: Amend 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000821204		2. Exact name of the Limited Liability Company FirstKey Mortgage, LLC			
3. NAICS Code 52 - Finance and Insurance		4. Brief description of the character of business conducted in Rhode Island Acquisition & sale of mortgage servicing rights and structured assets, securitizations, & asset management			
5. State of Formation Florida					
6. Principal Office Address 900 Third Avenue, Suite 500			City New York	State NY	Zip 10022
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Daniel Wallace			Contact Title CEO		
Street Address 900 Third Avenue, Suite 500			City New York	State NY	Zip 10022
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Daniel Wallace			Manager Name		
Street Address 900 Third Avenue, Suite 500			Street Address		
City New York	State NY	Zip 10022	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Melissa Nolan, Manager				Date 2/7/2017	
Signature of Authorized Person <i>Melissa Nolan</i> DOCUMENT HERE					

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FILED

FEB 14 2017

BY *[Signature]*

FORM 632 - Revised: 08/2016



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

