Filing Fee: \$150.00

ID Number: 135513



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

### LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
CORRESPONDENCES BUT
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CORRESPONDENCE

#### **APPLICATION FOR REGISTRATION**

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:		
	Specialized Loan Servicing LLC		
2.	The name, if different, under which it proposes t	to register and transact business in F	Rhode Island is:
3.	The limited liability company is organized under	the laws of Delaware	
4.	The date of its organization is 12/31/02		
5.	The period of duration of the limited liability com	pany is (if perpetual, so state) Per	petual
6.	The address of the limited liability company's res	sident agent in Rhode Island is:	
	30 Lawn Street	Providence	. RI 02908
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
3. 4. 5. 6.	and the name of the resident agent at such add	ress is Capitol Corporate Service	s, Inc.
		(Name	of Agent)
7.	The secretary of state is appointed the agent of there is no resident agent or if the resident ag diligence.	the foreign limited liability company gent cannot be found or served fol	for service of process if at any time lowing the exercise of reasonable
8.	The address of any office required to be maintai liability company is organized is:	ined in the state or other jurisdiction	under the laws of which the limited
	N/A	_	
		poses to register and transact business in Rhode Island is:    under the laws of   Delaware	
9.	The mailing address for the limited liability comp	pany is:	
	8742 Lucent Blvd., Suite 300		
	Highlands Ranch, CO 80129		
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For	rm No. 450	,	OCT 1 4 2003
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40 7		
10. The	limited liability company is to be mana	ged by:
		(Check one box only)
	its members	or X by one (1) or more managers
	e limited liability company has manago manager:	ers at the time of filing this application, please list the name and address of
	Manager	<u>Address</u>
See	attached	
		ificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.
Date:_	10/1/03	Specialized Loan Servicing LLC
	'	Print Exact Name of Limited Liability Company Making Application
		By Allarala
		Signature of authorized person

# Terwin Asset Management LLC

NAME	Address	Title	SSN/DOB
Thomas Kevin Guba	Business:	President	SSN 7365
	3 Park Avenue New York, NY 10016 212-561-8111		DOB 8-24-50
	Home:		
	1148 Fifth Avenue, Apt8D New York, NY 10016 212-410-9290		
Richard David Winter, Jr.		CEO	·
All background information listed below			
John A. Tartaglia	Business:	CFO and Secretary	SSN: 050-54-1152
	3 Park Avenue New York, NY 212-561-8111		DOB: 4/11/63
	Home:		
	501 E. 87th St., Apt 21, New York, NY 10128		

### Officers

		}	
		Highlands Ranch, CO 80129 Phone: 720-344-9374	
		Home: 8610 Meadow Creek Dr.,	
2/26/72			
DOB:		Fax: 720-241-7220	
		720-241-7200 x 7302	
618-10-8660	•	Highlands Ranch, CA 80129	
SSN:	Vice President	8742 Lucent Blvd., Suite 300	Ali Haralson
		Phone: 303-792-2725	
		Lone Trcc, CO 80124	
		Home: 9982 Bronti Circle	
4/19/70			
DOB:		Fax: 720-241-7220	
		Phone: 720-241-7200 x7305	
457-77-3349		Highlands Ranch, CA 80129	
SSN:	Treasurer/Secretary	8742 Lucent Blvd., Suite 300	Toby Edward Wells
		Phone: 303-691-6882	
		Englewood, CO 80113	
		Home: 3900 South Cherry St.,	
		Fax: 720-241-7220	
5/4/60		Phone: 720-241-7200 x 7300	
DOB:		Highlands Ranch, CO 80129	
		8742 Lucent Blvd., Suite 300	
464-06-1294			00
SSN:	President/CEO	Business:	John Charles Beggins
SSN/DOB	TITLE	Address	NAME

## **Directors**

	Patrick Keaveny Doyle		Ronald Wray Buck		Paul Eugenc Tuttle, Jr.		Richard David Winter	NAME
San Francisco, CA  Home: 5 Thorndale Place  Moraga, CA 94556	180 Montgomery St.	Home: 3715 Linenleap CT Winston Salem, NC 27106 Phone: 336-922-4746	190 Oak Plaza Blvd. Winston Salem NC 27105		12 Britton Ave Belvedere, CA 94920 Phone - 415-435-9832	Home: 401 E. 34th St., Apt. N26A New York, NY 10016	3 Park Ave. New York, NY	Address
							Director	TITLE
DOB: 12/4/64	SSN: 324-44-8603	DOB: 4/16/66	SSN: 537-88-9073	DOB: 11/2/44	SSN: 444-42-8703	DOB: 7/12/66	SSN:	SSN/DOB