

1.) CORPORATION NAME:

RESIDENTIAL MORTGAGE SERVICES, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1924713**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 2,000 |
| PREFB | 3,000 |
| PREFER | 3,000 |

4.) STATE OR COUNTRY OF INCORPORATION:

ME

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 24 CHRISTOPHER TOPPI DR

CITY/ST/ZIP: S PORTLAND, ME 04106

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | |
|---|---|--|
| NAME: JAMES R SEELY TITLE: PRESIDENT ADDRESS: 24 CHRISTOPHER TOPPI DR CITY/ST/ZIP/CO: S PORTLAND, ME 04106 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

| | | |
|--|---|-----------------------------------|
| NAME: MICHAEL G IANNO TITLE: VICE PRESIDENT ADDRESS: 24 CHRISTOPHER TOPPI DR CITY/ST/ZIP/CO: S PORTLAND, ME 04106 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| NAME: DARRELL BRIGGS TITLE: VICE PRESIDENT ADDRESS: 24 CHRISTOPHER TOPPI DR CITY/ST/ZIP/CO: S PORTLAND, ME 04106 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

| | | |
|--|---|-----------------------------------|
| NAME: ROBERT J ORLANDI TITLE: CHIEF FIN OFFIC ADDRESS: 24 CHRISTOPHER TOPPI DR CITY/ST/ZIP/CO: S PORTLAND, ME 04106 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

| | | |
|--|---|-----------------------------------|
| NAME: Erin Cornwell TITLE: VICE PRESIDENT ADDRESS: 24 Christopher Toppi Dr CITY/ST/ZIP/CO: S Portland, ME 04106 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| NAME: William Saufley TITLE: Gen Counsel ADDRESS: 24 Christopher Toppi Dr CITY/ST/ZIP/CO: S Portland, ME 04106 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|----------------------------------|----------|
| /s/ William Saufley | William Saufley, Gen Counsel | 2/7/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |