

1.) CORPORATION NAME:

RESIDENTIAL MORTGAGE SERVICES, INC.

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1924713**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 type="checkbox"/> DIRECTOR
NAME:	JOHN GRAY	
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:	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:	ROBERT KOSTRABA	
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:	PAUL MUSGROVE	
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:	WILLIAM SAUFLEY	
TITLE:	GEN COUNSEL	
ADDRESS:	24 CHRISTOPHER TOPPI DR	
CITY/ST/ZIP/CO:	S PORTLAND, ME 04106	

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/ JAMES R SEELY	JAMES R SEELY, PRESIDENT	2/23/2016
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.		