No. <b>C 180503</b>		Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  REVERSE MORTGAGE SOLUTIONS, INC.  345 SAINT PETER ST  SUITE 1400		921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		SAINT PAUL MN 55102		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	LESLIE FLYNNE		14405 WALTERS ROAD SUITE 200	HOUSTON	TX	USA	77014
TREASURER	ANDREW DOKOS		14405 WALTERS ROAD SUITE 200	HOUSTON	TX	USA	77014
PRESIDENT	RESIDENT JEFFERY BAKER		14405 WALTERS ROAD SUITE 200	HOUSTON	TX	USA	77014
DIRECTOR ALAN CLARK		(	14405 WALTERS ROAD SUITE 200	HOUSTON	TX	USA	77014
DIRECTOR	CHERYL COLLINS		345 ST PETER STREET	SAINT PAUL	MN	USA	55102
VICE PRESIDENT	CHERYL COLLINS		345 ST. PETER STREET SUITE 1100	SAINT PAUL	MN	USA	55102
SECRETARY	ALAN CLARK		14405 WALTERS ROAD SUITE 200	HOUSTON	TX	USA	77014
5. Organized Under the Laws of: 6. Annual Report		6. Annual Report must	be signed.*				
DE		Signature: Wanda J. Lamb-Lindow		Date: 09/28/2017			
C 180503		Name (type or print)	Title: Assistant Secretary				
Processed 09/28/2017		* Electronically provided	l signatures are accepted as original sigr	natures.			