

P21443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

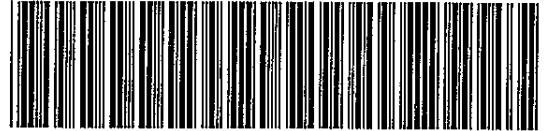
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900041757919

10/18/04--01038--018 **105.00

FILED
04 OCT 18 PM 1:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

PA/PO
1/10/05

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

October 11, 2004

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
409 E. Gaines Street
Tallahassee, FL 32399

**RE: CG Premium Finance, Inc.
Mustang Claim Service, Inc.
Frontier General Insurance Agency, Inc.**

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Tony Alexander

TA/smc.
Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mustang Claim Service, Inc.
2. The principal office address: 6801 Calmont Avenue, Fort Worth, TX 76116
3. The mailing address (if different): P.O. Box 230 Fort Worth, TX 76101
4. Date of incorporation/qualification: 10/25/1988 Document number: P21443
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

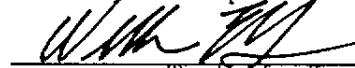
526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

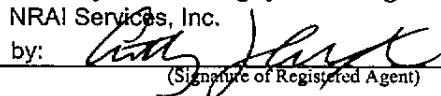
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

William E. Geer, Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

by: 
(Signature of Registered Agent)

October 11, 2004
(Date)

If signing on behalf of an entity:

Anthony J. Alexander
(Typed or Printed Name)

Asst. Secretary
(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
04 OCT 18 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA