

Q 95000000037



PO Box 028532
Miami, Florida 33102

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

95000000037

Examiner's Initials

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Eastern Financial Federal Credit Union
(Name of alien business organization)

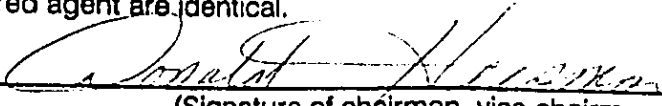
2. United States
(State or country under which entity is organized)

3. 700 S. Royal Poinciana Blvd., Miami Springs, Fl 33166
(Principal office address)

4. 59-0696273
(Federal Employer Identification number, if applicable)

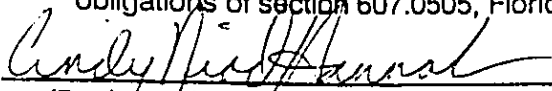
5. Name and Florida street address of registered agent.
Cindy Niad-Hannah, Esq. Legal Senior Counsel
700 S. Royal Poinciana Blvd., 7th Floor
Miami Springs, Florida 33166

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. Donald Hersman, President and CEO
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.


(Registered agent accepting appointment)

2-27-95
(Date)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Q9500000037

Requestor's Name



**Eastern Financial
Federal Credit Union**

PO Box 028532
Miami, Florida 33102

300001887533
-07/09/96--01056--008
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Eastern Financial Federal Credit Union
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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JUN 25 AM 8:04
CORPORATIONS
DIVISION OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Q95-37

Name Availability	RE 75
Document Examiner	[Signature]
Updater	[Signature]
Updater Verifier	[Signature]
Acknowledgement	[Signature]
W. P. Verifier	[Signature]

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION AND FOREIGN CORPORATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FOREIGN CORPORATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. Eastern Financial Federal Credit Union (Name of alien business organization or foreign corporation)

2. United States (Florida registration date) 3. Q9500000037 (Florida document number) 4. 59-0696273 (FEI Number, if applicable)

5. 700 South Royal Poinciana Blvd., Miami Springs, FL 33166 (Principal office address)

6. Name and address of registered agent and office currently on record with this office: Cindy Niad-Hannah, Esq. Legal Senior Counsel 700 South Royal Poinciana Blvd., 7th Floor Miami Springs, FL 33166

7. New registered agent and/or office address: Paul G. Mercer, Esq. 700 S. Royal Poinciana Blvd., Suite 502 Miami Springs, FL 33166

FILED 96 JUN 25 AM 9:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

8. The street address of the registered office and the street address of the business office of the registered agent are identical.

9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors

10. [Signature of Donald Hersman] (Signature of chairman, vice chairman, or officer)

11. Donald Hersman, President and CEO (Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607 0505, Florida Statutes.

[Signature of Paul G. Mercer] (Registered agent accepting appointment) 6-19-96 (Date)

FILING FEE: \$35.00

DIVISION OF CORPORATIONS - P O BOX 6327 - TALLAHASSEE, FL 32314

T95000001437

OFFICE USE ONLY (Document #)

Entrega Mortgage Lenders
 (Requestor's Name)

2701 N. Rocky Point Dr. W. Ste 1000
 (Address)

Tampa, FL 33607
 (City, State, Zip) (Phone #)

(813) 281-8007

900001832359
 -07/12/96--01057--011
 *****50.00 *****50.00

OFFICE USE ONLY

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 Mail out Will wait Photocopy Certificate of Status

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 96 JUL -9 PM 4: 25
 STATE OF FLORIDA
 TALLAHASSEE

NEW FILINGS	
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<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
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<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark Assignment
<input type="checkbox"/>	Other

C. TAX _____
 F. _____ \$0.00
 R. _____
 C. _____
 T. _____
 N. B. _____
 BALANCE DUE _____
 REFUND _____

Examiner's Initials dec

Florida Department of State, Sandra B. Mortham, Secretary of State

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is:

LOAN DEPOT

Registration Number: T95000001437

2. ASSIGNOR:

Name: CREATIVE CAPITAL CORP.

(If Assignor is a corporation, the state in which incorporated) FLORIDA

Address: 3350 NW BOCA RATON BOULEVARD, #B-38

City: BOCA RATON State/Zip FLORIDA 33413

3. ASSIGNEE:

Name: ENTREGA MORTGAGE LENDERS, INC. L78435

(If Assignor is a corporation, the state in which incorporated) FLORIDA

Address: 2701 NORTH ROCKY POINT DRIVE #1000

City: TAMPA State/Zip FLORIDA 33607

4. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of the mark) is hereby assigned by CREATIVE CAPITAL CORP.

(the Assignor)

ENTREGA MORTGAGE LENDERS, INC.

(the Assignee)

CREATIVE CAPITAL CORP.

ENTREGA MORTGAGE LENDERS, INC.

(Assignor)

(Assignee)

By [Signature]
JOHN J. REGAN, JR. President
Signed

By [Signature]
KATHLEEN EVERETT, Chief Operating Officer

On this 1st day of July, 19 96, John J. Regan, Jr. and Kathleen Everett personally appeared before me,

- who ~~is~~ are personally known to me
- whose identity I proved on the basis of _____

(Notary Seal)



[Signature]
Signature of Notary Public

Instructions: The assignment must be signed by both the assignee and the assignor. If a corporation, an officer of the corporation must sign. Both the assignee and the assignor's signature must be acknowledged before a Notary Public. If you need assistance, call the Trademark Section at (904) 487-6051.

FILING FEE: \$50

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED
96 JUL -9
TAMPA
FLORIDA