F00000001583



ACCOUNT NO. :

072100000032

REFERENCE :

642291

7155110

AUTHORIZATION

COST LIMIT

ORDER DATE: June 27, 2002

ORDER TIME: 10:32 AM

ORDER NO. : 642291-425

CUSTOMER NO: 7155110

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

200006131072-

CHANGE OF AGENT

NAME:

CENDANT MOBILITY FINANCIAL

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

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

	rovisions of sections 607.0502, 617.05		Florida Statutes,
=	orporation organized under the laws of t		·
the State of Florid	ving statement in order to change its reg	nstered office or registered a	gent, or both, in
1. The name of the corporation:			LE H
	LITY FINANCIAL CORPORATION		ASS.
2. The mailing address of the corporation:			Fig. 2
6 Sylvan Way, Parsippany, NJ 07054			100 36 100 36
3. Date of incorporation/qualification: 03/21/2000 Document number: F00000001583			
4. The name and address of the current registered agent and office:			
<u>c :</u>	T Corporation System		
660 East Jefferson St.			·
Ta	llahassee, FL 32301		
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)			
Coa	rporation Service Company	· · · · · · · · · · · · · · · · · · ·	
120	01 Hays Street		
<u>Ta</u>]	llahassee, Florida 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.			
Macerla Culla 06/24/2002			
(Signature of an officer, chairman or vice chairman of the board) (Date)			
Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)			
Having been name corporation, I here I further agree to operformance of my registered agent.	ed as registered agent and to accept ser eby accept the appointment as registere comply with the provisions of all statute v duties, and I am familiar with and acc	vice of process for the above d agent and agree to act in the s relative to the proper and c ept the obligation of my posi	stated his capacity. complete tion as
(Signa	accent(0) atture of Registered Agent)	06/24/2002 (Date)	·
If signing on behalf of an entity:			
Lou Giaccardo		Asst. Vice President	
(Туре	ed or Printed Name)	(Capacity)	
* * * FILING FEE: \$35.00 * * *			

CR2E045(9/00)