

ACCOUNT NO.

072100000032

REFERENCE

269594

5040129

AUTHORIZATION

COST LIMIT

ORDER DATE : June 10, 1999

ORDER TIME : 8:54 AM

ORDER NO. : 269594-030

CUSTOMER NO: 5040129

300002901553-

CUSTOMER: Mr. Geoff Lewis

Wells Fargo & Company West

633 Folsom Street

7th Floor

San Francisco, CA 94107-3600

CHANGE OF AGENT

WELLS FARGO LEASING

CORPORATION

RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

C. COULLIETTE JUN 1 1 1999

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

the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regis	
the State of Florida.	
1. The name of the corporation is: WELLS FARGO LEASING CO	ORPORATION
•	
2. The mailing address of the corporation is: 633 Folsom	Street, /th Floor, MAC 0149-0/1,
San Francisco, CA 94107-3618	
3. Date of incorporation/qualification: October 22, 1973	Document number: 831114
4. The name and address of the current registered agent and	office:
CT Corporation System	
1200 South Pine Island Road	TAR)
Plantation, FL 33324	
5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	<u>-</u>
The street address of its registered office and the street address, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
What I Vind	June 3, 1999
(Signature of an officer, chairman or vice chairman of the board)	(Date)
ROBERT S. SINGLEY, Assistant—Secretary	
(Printed or typed name and title) Having been named as registered agent and to accept servic corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes r performance of my duties, and I am familiar with and accept registered agent.	igent and agree to act in this capacity. elative to the proper and complete
By: Kille Or och Al Skipper	619199
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
DEBORAH D. SKIPPER	Assistant Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FFF: \$35.00 * * *	

CR2EO45(7/97)