2000	UNIFORM BUSI	NESS REPO	RT	(UBR	}_	•				
DOCUMENT # B9600000229 1. Entity Name						QUA	FILE FTARY	Ú NE ST	TATE	
DOUGLAS-MICHAELS SERVICING COMPANY, LIMI' PARTNERSHIP						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 6564 LOISDALE COURT SUITE 500 SPRINCFIELD, VA 22150		Mailing Address 6564 LOISDALE COURT SUITE 500 SPRINGFTELD, VA 22150				00 MA	IR 20 F	°M 6	: 13	
2. Principal Place C/O IMC SUE Suite, Apt. #,	SIDIARY, INC	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
6564 LOISDALE COURT, SUITE 500 City & State		City & State			4. FEI Number Applied For]		
SPRINGFTFID, VA 22150 Zip Country		Zip	Count			54–1765242 5. Certificate of Status Desired	\$9.75 Additional			-
22150	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Re				-
		··•		Name					·	7
CORPORATION SERVICE SOMPANY 1201 HAYS STREET				Street Add	Iress (P.	ss (P.O. Box Number is Not Acceptable)				
TALLAHA	ASSEE, FL 32301-2525			City		 	FL	Zip C	code	
8. The above na	amed entity submits this statement for	the purpose of changing its re	egistere	ed office or re	gistered	d agent, or both, in the State of Flor	ida.			
SIGNATURE	gnature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent signature	required w	nen reinstating)	DATE			
9. Capital Contras Shown on		10. Amount of Capital in FLORIDA to dat		outions		11: MAKE CHECK 8EE REVERS				
	A GENERAL PARTNER TO	HAT IS A BUSINESS ENT	ITY M	UST BE RE	GISTE	RED AND ACTIVE WITH THIS	OFFICE.	<u></u>		
12.	NOTE: General Partners MA GENERAL PARTNER		13.	; an amend	ıment	ADDRESS CHA		ier.		-
	F96000003166			ET ADDRESS						66
NAME CIRCIT ADDRESS	IMC SUBSIDIARY, INC 6564 LOISDALE COURT, SUIT	TE 500		-ST-ZIP		7000031 -03/30/(392 010010	03	020 020	E003 (9/99)
DOCUMENT # NAME	SPRINGFIELD, VA. 22150		STRE	ET ADDRESS	N	**** 141	. 25 *	*** <u>1</u>	41.25	CR2
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		110 07(0)11 57 11 1				_
indicated or the receiver	rtify that the information supplied with this report is true and accurate and to or trustee empowered to execute this MICHAELS SERVICING COMPA	hat my signature snall have th report as required by Chapte	e same r 620, F	legal effect : florida Statute	as if ma es	ion 119.07(3)(i), Florida Statutes. I de under oath; that I am a General ENERAL PARINER BY:	turther certify Partner of th	y that th le limiter	e intormation d partnership or	г
		VI, Lit. DI. U.L QUI		Mr. III						
SIGNATURE: DIANE L. ROTHMAN SIGNATURE AND TYPED CAMPRINTED CAMPRIN										