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To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: THE MIDWEST MORTGAGE EXCHANGE, INC.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: 1000032112418
(Name of Person)
Coman & Anderson, P.C.
(Firm/Company)
1979 North Mill Street, Suite 211
(Address)
Naperville, Illinois 60563
(City/State/Zip)
Should you need to call someone concerning this matter, please call: Daniel G. Coman at ( 630 )428-2660
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Qualification Tax Lien Section
Division of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327
409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314
Enclosed is a check for the following amount:

## WRITTEN CONSENT OF THE SHAREHOLDERS AND DIRECTORS OF <u>THE MORTGAGE EXCHANGE, INC.</u>

The undersigned, being the sole Shareholder and the sole Director of THE MORTGAGE EXCHANGE, INC., an Illinois corporation (the "Corporation") do hereby take, as if by unanimous vote, the following action in lieu of a special meeting of the Shareholders and Directors of the Corporation; this action is taken by unanimous consent pursuant to the Business Corporation Act of Illinois, waiving all notice of any meeting, whether required by statute, the By-Laws of the Corporation or otherwise.

RESOLVED, the Directors and Shareholders of the Corporation have determined that it is in the best business interests of the Corporation to use the assumed name of THE MIDWEST MORTGAGE EXCHANGE, INC. in the State of Florida effective as of the date hereof.

FURTHER RESOLVED, that the Directors and the officers of the Corporation are hereby authorized and directed to take all such actions, and to execute all such instruments and documents, in the name of and on behalf of the Corporation and under its corporate seal or otherwise, which in their reasonable business judgment may be necessary, proper or advisable in order to fully carry out the intent and to effectuate the purposes of the aforementioned resolution without any further authorization or direction by the Shareholders or Directors.

Effective: April 3, 2000

being the sole Shareholder and the sole Director of THE MORTGAGE EXCHANGE, INC.

APR. 11 '89 7:32PM SEAFAX01

## M2369 P.1

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

THE MORTGAGE EXCHANGE, INC.

 (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. <u>Illinois</u> (State or country	under the law of which it is incorporated) 3, <u>36-3895801</u> (FEI number, if applicable)			
4. <u>July 21, 1</u> (Date	993 5. perpetual   e of incorporation) (Duration: Year corp. will cease to existor "perpetual")	<u> </u>		
6. <u>May 1</u> (Date first	1, 2000 transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	- <u>-</u>		
7. One Trans	s Am Plaza - Suite 550	<u> </u>		
Oak Brook	Terrace, Illinois 60181			
	(Current mailing address)			
g all inclu	sive purpose			
(Purpose(	s) of corporation authorized in home state or country to be carried out in state of Florida)			
9. Name and str	rect address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)			
	lenn Phillip Antonic	· · ·		
Office Address:	16418 Millstone Circle #201	SE A OO		
	Fort Myers , Florida, 33908 (Zip code)	FILED PR 17 PH		
10. Registered agent's acceptance:				
this application, I with the provision:	ed as registered agent and to accept service of process for the above stated corporation at the place develop accept the appointment as registered agent and agree to act in this capacity. I further agree to so fall statutes relative to the proper and complete performance of my duties, and I am familiar with a my position as registered agent	L'UNITED AND		
	(Registered agent's signature)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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	TORS (Street address only - P.O. Box NOT acceptable)	
	Joseph Aldeguer	
Address:	<u>One Trans Am Plaza, Suite 550, Oak Brook Terrace, Illinois 60181</u>	
- Vice Chair	man:	
		ste - 200
<u> </u>		
	Joseph Aldeguer	
Address: _	One Trans Am Plaza, Suite 550, Oak Brook Terrace, Illinois 60181	-
Director: _		
Address: _		a and a state of the
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	<u> </u>
President:	Joseph Aldeguer	
Address: _	One Trans Am Plaza, Suite 550, Oak Brook Terrace, Illinois 60181	
- Vice Presic	lent:	
		TAL OO
		ATT -
Secretary:	Joseph Aldeguer	SSEE M
Address: _	One Trans Am Plaza, Suite 550, Oak Brook Terrace, Illinois 60181	FLERATI
	Joseph Aldeguer	
Treasurer:		
Address: _	One Trans Am Plaza, Suite 550, Oak Brook Terrace, Illinois 60181	
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or director	Drs.
13	Apsed LA den kg (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	n)
14	Joseph Aldeguer, President (Typed or printed name and capacity of person signing application)	<u></u>
	(1 yped or printed name and capacity of person signing application)	



## I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

In Testimony Whereof, I, hereto set



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SECRETARY OF STATE