(R	equestor's Name)				
(Address)					
(Ad	ddress)				
(Ci	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special instructions to Filing Officer:					

Office Use Only

Aller 2/18



500022878325

09/15/03--01042--005 **35.00

O3 SEP 15 PH 2: 13

TRANSMITTAL LETTER

	Amendment Section Division of Corporations		-
SUBJE	CT: Asset Acceptance	Corp.	
		(Name of Corpora	ation)
DOCU	MENT NUMBER: F00	000004598	
The enc	losed Officer/Director Resi	ignation for a Corporation	and fee are submitted for filing.
Please re	eturn all correspondence co	oncerning this matter to the	e following:
Rufus	H. Reitzel, Jr.		
	(Name of Per	son)	· · · · · · · · · · · · · · · · · · ·
Asset	Acceptance Corp.		
	(Name of Firm/C	ompany)	5 ° .
P.O. B	3ox 2036		
	(Address)	<u> </u>	·. —
Warre	n, Mi 48090-2036		
	(City/State and Zi	ip Code)	
For furth	her information concerning	this matter, please call:	
Rodolfo	o J. Miro	at (813)	490-6010 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed	d is a check for \$35.00 mad	le payable to the Florida D	Department of State.
Amendn Division P.O. Box	Address: nent Section of Corporations x 6327 see, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	S

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Rufus H. Reitzel, Jr.	hereby resign as_	Chairman/Director (Title)		
of Asset Acceptance Corp.	e of Corporation)	jir. gra	·	
F0000004598 (Document Number, if known)	, a corporation organized un	der the laws of	the State of	· -
Florida		.	Ta .	
	(Signature of resigning officer/direct	tor)	EE FLORI	03 SEP 15 PM 2: 13

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314