

200000005171

ACCOUNT NO. :

072100000032

REFERENCE :

693035 4304756

AUTHORIZATION :

COST LIMIT

ORDER DATE : August 5, 2002

ORDER TIME : 11:55 AM

ORDER NO. : 693035-155

CUSTOMER NO:

4304756

CUSTOMER: Robert Porcelli, Legal Asst

Bingham Mccutchen Llp 150 Federal Street

Boston, MA 02110

CHANGE OF AGENT

NAME: HERITAGE SPE CORP.

000006948280--0

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

C. Coulliste AUG 0 7 2002

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
the undersigned corporation organized under the laws of the State of	
the State of Florida.	
1. The name of the corporation: HERITAGE SPE CORP.	
The second secon	5-1 ⁻⁴
2. The mailing address of the corporation: 535 Boylston Street, Boston, MA 02116	
3. Date of incorporation/qualification: September 14, 2000 Document number: F00000005141	
4. The name and address of the current registered agent and office:	
CT Corporation System	,
1200 South Pine Island Road	wir
Plantation, FL 33324	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
Corporation Service Company	4
1201 Hays Street	- -
Tallahassee, 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.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Patrick O'Sullivan, Vice President (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Maureen Cullen Asst. Vice President	
(Typed or Printed Name) (Capacity)	F- '
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS