FOR PROFIT CORPORATION 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2. Principal Place of Business 2.121 SW BROADWAY 2. Principal Place of Business 2.121 SW BROADWAY 4. ON TRYON ST 3. Walling Address 4. TRI Number Country 2. Do NOT WRITE IN THIS SPACE Cly & State PORTLAND OR CHARLOTTE NC 2. To Country 2. To Name and Address of Current Registered Agent CTCORPORATION SYSTEM Street Address of Current Registered Agent 2. To Name and Address of Current Registered Agent 2. To Name and Address of Current Registered Agent 2. To Name and Address of Current Registered Agent 2. To Name and Address of Current Registered Agent 2. To Name and Address of Current Registered Agent 2. To Name and Address of Current Registered Agent 2. To Reputered Agent agent agent, or both, in the State of Florida. SIGNATURE 3. The above named entity submits this statement for the purpose of changing is registered Agent agent agent, or both, in the State of Florida. SIGNATURE 3. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. This corporation is eligible to satisfy its Intangible 2. The Agent Agen	DOCUMENT # F0000006351 1. Entity Name PORTFOLIO FINANCIAL SERVICING COMPANY					02 SEP 25 AH 10: 52	
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The above named entity submits this statement for the purpose of changing its registered Agent agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS Make Check Payable to Department of State OFFICERS AND DIRECTORS TITLE MAKE SUPPORATION TITLE MAKE TO PORT AGENT AGENTS TITLE MAKE SUPPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD To both, in the State of Florida. (NOTE Registered Agent alignature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 After May 1 Fee is \$50.00 After May 1 Fee is \$550.00 After May 1 Fee is	Zip `	Country			у	\$9.75 Additional	
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8-/2-2002 704-388-2460

Daytime Phone #

SIGNATURE: