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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Collateral ONE Mustagal (Name of Corporation)	.
DOCUMENT NUMBER: <u>-0100000525</u>	·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mutt Dunces (Name of Person)	
Collateral ONE Mortgage (Name of Firm/Company)	
SGOU Glentield WMY (Address)	
Louiscill 124 40241 (City/State and Zip Code)	·= _
For further information concerning this matter, please call:	
Muth Duncen at (50) 419-6094 (Area Code & Daytime Telephone Number)	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>M</u>	utt Dunce	<u>΄</u> Λ	, hereby resign	as Pros.d.	<u>vf</u> (Title)	
of	Colleteral	ONE Mor	tcaye			<u>.</u> , -
(Doc	OOOOO ument Number, if kno	525, a corp	poration organized	under the laws o	of the State of	
	<u>ginia</u>				TALL SEC	· · · · · · · · · · · · · · · · · · ·
	,	MUL (Signature	of resigning officer/di	rector)	HETARY OF STATE AHASSEE, FLORID	LED

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