## F0100000525

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(Re	equestor's Name)	
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<i>,</i>		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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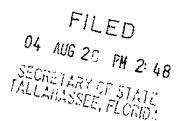
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations COLLATERAL ONE MORTGAGE CORPORATION (Name of Corporation) F01000000525 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR JOHNSON (Name of Person) COLLATERAL ONE MORTGAGE CORPORATION (Name of Firm/Company) 9430 ABEAN WAY (Address) **BOCA RATON, FL 33062** (City/State and Zip Code) For further information concerning this matter, please call: **EDWARD GERAGHTY** at ( 954 ) 232-9094 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



<sub>I.</sub> EDWARD GERAGHTÝ	, hereby resign as SECRETARY
	(Title)
of_COLLATERAL ONE MORT	TGAGE CORPORATION ame of Corporation)
į (N	ame of Corporation)
F0100000525. (Document Number, if known)	, a corporation organized under the laws of the State of
VIRGINIA	
	Johnson
	(Signature of resigning of the //director)

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