1331 East Lafayette Street, Suite F Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111

	Office Use Only
CORPORATION N	AME(S) & DOCUMENT NUMBER(S), (if known):
3. (Corpor	The Mortage Corporation The Secretary of The Secretary o
	Will wait Photocopy Certificate of Status \$\\ \begin{align*} 5 \\ 5 \\ \end{align*}
NEW FILINGS	AMENDMENTS
Profit	Amendment 9000045688695 -09/05/0101001024
NonProfit	Resignation of R.A., Officer/ Director *****78.75 *****78.75
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(1/95)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MARANATHA MORTGAGE CORPORATZON	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person or partnership if not so contained in the name at present.)	
2. <u>TL</u> 3. <u>36-4239803</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)	
2	
4. 07-21-98 5. Peroptual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6 Upon Qualification	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7 ZOI PENNY AVENUE	
7. ZOI PENNY AVENUE (Principal office address)	
EAST DUNDEE, IL 60118	
(Current mailing address)	
8. MORTHAGE LENDENG	-
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
T _S o	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	•
Name: Mike Linton	71
Office Address: 4 Venetian Circle	FILED
Olince Address:	
Ret Orange, Florida (Zip code)	\cup
(City) (Zip code) $\stackrel{\frown}{}$	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the pl designated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	
further agree to comply with the provisions of all statutes pelative to the proper and complete performance of my	.y. 1
duties, and I am familiar with and Accept the obligations of my position as registered agent.	
(Registered agent's signature)	

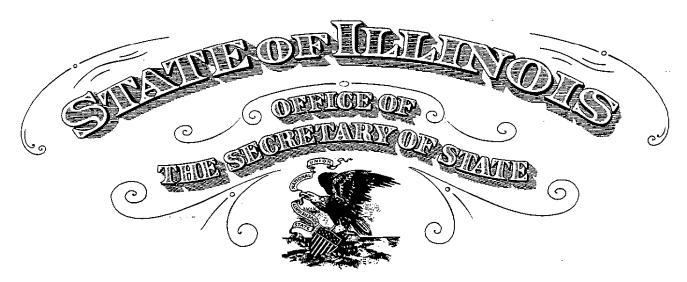
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS			·
Chairman:	RANDALL S- SCHULENBURG			
Address: _	ZOI PENNY AVENUE			
_	EAST SUNDEE, ZL 60118			
Vice Chair	man:			
Address: _	,			
_				:
Director: _	SCOTT A. CEVEN		'	
Address: _	ZOI PENNY AVENUE			
-	EAST DUNDEE ZL 60118			
Director: _	RZCHARD O- COLTMAN		,,,,,,	
Address: _	ZOI PENNY AVENUE			
-	EAST DUNNEE, ZC 60118			
B. OFFI	CERS			
President:	RANDALL S. SCHULENBURG			
Address: _	201 PENNY AVENUE	,		
_	EAST DUNGEE, ZL 60118	ZS-	0	
Vice Presid	lent:	LASS ERIC ERIC ERIC ERIC ERIC ERIC ERIC ERIC	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Address: _		ASSE AREA	<u>-</u>	Ë
_	·	<u>mo</u>		
Secretary:	-		<u></u>	
Address: _		DH.		
Treasurer:	·			
Address: _				
·.		J:		
NOTE: E	f necessary, you may attach an addendum to the application listing additional officers and/or	directors	3 _	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	ication)		
14. RA	(Typed or printed name and capacity of person signing application)			
	(Typed or printed name and capacity of person signing application)			

File Number

6005-217-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do





In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this _______ A.D. _______.

Desse White

SECRETARY OF STATE