DOCUMENT # P133000002440       Od-28-2006 90197 042 ***130.00         File Name MORTGAGE NOW, INC.       Alleing Address         Proceed Place of Business       Mailing Address         Solid Agel, A. etc.       BOOK IN FEGURE ON 44133         2. Proceed Place of Business       3. Mailing Address         Solid Agel, A. etc.       Solid, Agel, A. etc.         Didd Agel, A. etc.       Didd2006         Cov 5 State       Didd2006         Cov 5 State       Didd2006         Cov 5 State       Didd2007         R. Neme and Address of Current Registered Agent       Name and Address of Current Registered Agent         FAULEY, KEVIN       Stote Audress of Current Registered Agent         Fuel Current       Stote Audress of Current Registered Agent         Paulot Ture Fee Stote Stote Current Registered Agent       North Address of Current Registered Agent         Fuel Current       Fuel Current Registered Agent       North Address of Current Registered Agent         Fuel Current Registered Agent       North Address of Current Registered Agent       North Address of Current Registered Agent         Fuel Current Register	Counter Proceedings of the	. 2	2006 FOR PROF ANNUA	IT CORPORA <sup>.</sup> L REPORT	TION	FILED Apr 28, 2006 8:00 an Secretary of State
150 NEST RESOURCE DRIVE, 4300       750 NEST RESOURCE DRIVE, 4300         2. Phropal Place of Business       3. Nating Address         Suite, Apt. #, elic.       01692006         2. Phropal Place of Business       3. Nating Address         2. Phropal Place of Business       3. Nating Address         2. Suite, Apt. #, elic.       01692006         2. Or Country       2. Country         2. Country       2. Country         2. Country       2. Country         3. To Address of Country       3. Country         4. Rame and Address of New Regulatered Agent       7. Name and Address of New Regulatered Agent         FAULEY, KEVIN       Street Address of New Regulatered Agent       7. Name and Address of New Regulatered Agent         FAULEY, KEVIN       Street Address of New Regulatered Agent       7. Name and Address of New Regulatered Agent         FAULEY, KEVIN       Street Address of New Regulatered Agent       7. Name and Address of New Regulatered Agent         FUTE NOWTH HE CRIDA       Street Address of New Regulatered Agent       7. Name and Address of New Regulatered Agent         New Kosting       PCD       Street Address of New Regulatered Agent       New Kosting         Street Address of New New Regulatered Agent Operater Agent Agent Agent Address of New Regulatered Agent	50 NEST RESOURCE DAVE, 4300 BROOKLYN HEIGHTS, OH 44131       750 WEST RESOURCE DAVE, 4300 BROOKLYN HEIGHTS, OH 44131         -Pinctual Place of Business       1. Making Address         Solite, Api, F. etc.       Sale, Api, F. etc.         City & State       Ony & State         20       Country         21       Country         20       Boonchine the State Of Ductroal Registered Agent         20       Boonchine the State Of Ductroal Registered Agent         20       Boonchine the State Of Ductroal Registered Agent         20       Port Enstate Cou	DOCUMENT # F03000002440 1. Entity Name MORTGAGE NOW, INC.				
Suite, Apil, R. atc.     Suite, Apil, R. etc.     01092006     Chy-P     CR2E034 (11/05)       City, & State     City, & State     1     Applied and the statute and the	Suite, Apt. F. etc.     Suite, Apt. F. etc.     D1092006     ChgP     CR2E034 (11/05)       Chy & State     Chy & State     1     PELNumber     Apt. Apt. Edc.       210     Country     Zip     Country     8. Carcinetia of status Desired     \$8.75 Astellion       210     Country     S. Country     8. Country     8. Carcinetia of status Desired     \$8.75 Astellion       210     Country     S. Country     8. Country     8. Country     8. Country     \$8.75 Astellion       210     Country     S. Country     8. Country     8. Country     8. Country     \$7. Name and Address of New Registered Agent       AULEY, KEVN     Solid Active of New Registered Agent     Name     Name     Name     Name       Andreas     Solid Active of New Registered Agent     Name     Name     Name       Chy Book The Solid Country     Solid Active of New Registered Agent     Name     Name       Chy Book The Solid Country     Solid Active of New Registered Agent     Name     Name       Chy Book The Solid Country     Solid Active of New Registered Agent     Name     Name       Chy Book The Solid Country     Solid Active of New Registered Agent     Name     Name       Chy Book The Solid Country     Solid Active of New Registered Agent     Name     Name       PROD Country </th <th>750 WEST R</th> <th>Resource drive, #300</th> <th>750 WEST RESOURCE D</th> <th></th> <th></th>	750 WEST R	Resource drive, #300	750 WEST RESOURCE D		
City & State       Only & State       Only & State       Applie F       CREEDA (1106)         Zip       Zip       Zip       Zip       State Country       State Country<	City & State       City & State       4. FEB Normality       Applied         Zo       Country       Zp       Country       State	2. Principal Place of Business		3. Mailing Address		
Zip     Country     Zip     Country     Sign 75 Additional       Second Processing Country     Sign 75 Additional     Sign 75 Additional     Sign 75 Additional       FAULEY, KEVIN BOT NORTH FLORIDA     Name and Address of Now Registered Agent     Name and Address of Now Registered Agent       Name     Mamo     Mile Address of Now Registered Agent       FAULEY, KEVIN BOT NORTH FLORIDA     Since Address (PO. Box Number is Mol Acceptable)       UUTZ, FL 33549     Since Address (PO. Box Number is Mol Acceptable)       VILEY     Chy Box Number is Mol Acceptable)       Since Address (PO. Box Number is Mol Acceptable)       Since Address (PO. Box Number is Mol Acceptable)       VILEY     Chy Box Number is Mol Acceptable)       Since Address of Country     Since Address of Country       Since Address of Country     Since Address of Country       Since Address of Country     Since Address of Now Registered Agent Ag	Zip       Country       Zip       Country       St. 1546027       Not Apply         2 (a)       Country       2 (a)       Country       St. 75 Additional of Saus Desired       St. 75 Additional Page Network Registered Agent         AULEY, KEVN       Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         AULEY, KEVN       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         VTZ, FL 33549       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         VTZ, FL 33549       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         VTZ, FL 33549       VTZ, FL 33549       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         VTZ, FL 33549       VTZ, FL 33549       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         VTZ, FL 33549       VTZ, FL 33549       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Inter endbagenors of registered adgent syntax etables       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Inter endbagenors of registered adgent syntax etables       St	Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		01092006 Chg-P CR2E034 (11/05)
		City & Stat	10	City & State		
FAULEY, KEVIN 16017 NORTH FLORIDA LUTZ, FL 33549       Name       Name       Number is Not Acceptable)         Streat Address (PO. Box Number is Not Acceptable)       Streat Address (PO. Box Number is Not Acceptable)       Streat Address (PO. Box Number is Not Acceptable)         B. The above named entry dorp of the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acceptable)       Streat Address (PO. Box Number is Not Acceptable)         Streat Number of the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acceptable)       Imme         Streat Number of the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acceptable)       Imme         Streat Number 1, 2006 Face with be \$550.00       PELECION Campaign Financing True Florido Contribution.       Stot May Be Address for OFFICERS AND DIRECTORS IN 11         FLE NOWLIF FEE IS \$150.00       PELECION Campaign Financing True Florido Contribution.       Stot May Be Address for OFFICERS AND DIRECTORS IN 11       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Intel Mark       PCD       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Intel Mark       PCD       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Intel Mark       PCD       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	AULEY, KEVIN 6017 NORTH FLORIDA UTZ, FL 33549  IT no about normed endy. Control of the purpose of changing its registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent or registered agent, or both, in the State of Fanda. Lam familiar with, and a the obligations of registered agent or registered agent. The State of Fanda. Lam familiar with, and a the obligations of registered agent or registered agent or registered agent or registered agent or registered agent. The State of Fanda. Lam familiar with, and a the obligations of registered agent or registered agent or registered agent. The State of Fanda. Lam familiar with, and a the obligations of registered agent or registered agent. The State of Fanda. Lam familiar with, and a the obligations of registered agent or registered agent. The State of Fanda. Lam familiar with, and a the registered agent or register	Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
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9220       Boning       BEDNIG       FL       Special       Special       Special       Special       BEDNIG       BEDNIG       BEDNIG       BEDNIG       FL       Special       Special <t< td=""><td>9220       Bonning       BEDALIN       Two Survey and the statement for the purpose of changing its registered agent, or both, in the State of Pords. FL       The above named only statement for the purpose of changing its registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with and at the state of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and the s</td><td colspan="2">FAULEY, KEVIN 16017 NORTH FLORIDA</td><td></td><td><u>^</u></td><td></td></t<>	9220       Bonning       BEDALIN       Two Survey and the statement for the purpose of changing its registered agent, or both, in the State of Pords. FL       The above named only statement for the purpose of changing its registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with and at the state of Pords. I and naminar with, and at the obligations of registered agent, or both, in the State of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and naminar with and at the state of Pords. I and the s	FAULEY, KEVIN 16017 NORTH FLORIDA			<u>^</u>	
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NAME         SCHWARTZ, JAMES C           STREET ADDRESS         STREET ADDRESS           STREET ADDRESS         STREET ADDRESS           STREET ADDRESS         STREET ADDRESS           STREET ADDRESS         STREET ADDRESS           ITLE         DEIOEKLYN HEIGHTS, OH 44131           UTY 51-2P         DEIOE, EVERT D           STREET ADDRESS         STREET ADDRESS           STRET ADDRESS         STREET ADDRESS           STRET ADDRESS         STREET ADDRESS           STRET ADDRESS         DEIGE, EVERT D           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         DEIGE           STRET ADDRESS         DEIGE           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         DEIGE           STRET ADDRESS         DEIGE           STRET ADDRESS         DEIGE           STRET ADDRESS         DEIGE           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         STRET ADDRESS           STRET ADDRESS         STRET	NME       SCHWARTZ, JAMES C         NEET ADDRESS       750 WEST RESOURCE DRIVE, #300         STREET ADDRESS       CHV-S1-2/P         TLE       VD         NME       Delete         NEET ADDRESS       CHV-S1-2/P         TLE       VD         NME       Delete         NME       BICE, EVERT D         REST ADDRESS       TOW WEST RESOURCE DRIVE, #300         STREET ADDRESS       CHV-S1-2/P         NLE       BROOKLYN HEIGHTS, OH 44131         Delete       ITLE         NME       BROOKLYN HEIGHTS, OH 44131         Delete       ITLE         NME       BROOKLYN HEIGHTS, OH 44131         Delete       ITLE         NME       BROOKLYN HEIGHTS, OH 44131         Delete       ITLE         MAME       STS0 WEST RESOURCE DRIVE, #300         STRETADDRESS       TOWEST RESOURCE DRIVE	ITLE				
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III.E       VD       III.E       IIII.E       IIIII.E       IIIII.E       IIIII.E       IIIII.E       IIIII.E       IIIIIIII.E       IIIII.E       IIIIIII.E <td>ILE       VD       Delete       ITLE       AMAE         BICE, EVERT D       NAME       STRET ADDRESS       STRET ADDRESS         750 WEST RESOURCE DRIVE, #300       STRET ADDRESS       CIT-ST-2#         ILE       S       Delete       ITLE         NAME       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         ILE       S       Delete       ITLE         NAME       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         ILE       T       NAME       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         ILE       T       NAME       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         NAME       STRET ADDRESS       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         NAME       STRET ADDRESS       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         NAL       MAME       STRET ADDRESS       CIT-ST-2#         NAL       MAME       STRET ADDRESS       CIT-ST-2#         NAL       MAME       STRET ADDRESS       CIT-ST-2#         NAL       STRET ADDRESS       STRET ADDRESS</td> <td></td> <td></td> <td>-,</td> <td></td> <td></td>	ILE       VD       Delete       ITLE       AMAE         BICE, EVERT D       NAME       STRET ADDRESS       STRET ADDRESS         750 WEST RESOURCE DRIVE, #300       STRET ADDRESS       CIT-ST-2#         ILE       S       Delete       ITLE         NAME       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         ILE       S       Delete       ITLE         NAME       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         ILE       T       NAME       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         ILE       T       NAME       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         NAME       STRET ADDRESS       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         NAME       STRET ADDRESS       STRET ADDRESS         NSI-2#       BROOKLYN HEIGHTS, OH 44131       CIT-ST-2#         NAL       MAME       STRET ADDRESS       CIT-ST-2#         NAL       MAME       STRET ADDRESS       CIT-ST-2#         NAL       MAME       STRET ADDRESS       CIT-ST-2#         NAL       STRET ADDRESS       STRET ADDRESS			-,		
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IIILE       Detete       IIILE       Change       Ad         NAME       STREET ADDRESS       CITY-S1-ZIP       CITY-S1-ZIP       CITY-S1-ZIP         IIILE       Detete       IIILE       Change       Ad         NAME       STREET ADDRESS       CITY-S1-ZIP       Change       Ad         NAME       Detete       IIILE       Change       Ad         NAME       STREET ADDRESS       CITY-S1-ZIP       Change       Ad         NAME       STREET ADDRESS       CITY-S1-ZIP       CITY-S1-ZIP       CITY-S1-ZIP         12. I hereby certily that the information supplied with this liling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certily that the information does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certily that the information of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an atoress, with all other like empowered.	RLE       Detete       TITLE       Change       A         NME       STRET ADDRESS       STRET ADDRESS       C/TY-S1-ZIP       C/TY-S1-ZIP         INLE       Detete       TITLE       NAME       C/TY-S1-ZIP         INLE       NAME       STREET ADDRESS       C/TY-S1-ZIP       C/TY-S1-ZIP         INLE       NAME       STREET ADDRESS       C/TY-S1-ZIP       C/TY-S1-ZIP         INCLOSE       STREET ADDRESS       C/TY-S1-ZIP       C/TY-S1-ZIP       C/TY-S1-ZIP         INLE       NAME       STREET ADDRESS       C/TY-S1-ZIP       C/TY-S1-ZIP       C/TY-S1-ZIP         INCLOSE       C/TY-S1-ZIP       STREET ADDRESS       C/TY-S1-ZIP       C/TY-S1-ZIP       C/TY-S1-ZIP         INCLOSE <td>NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME</td> <td>BUCKLEY, ANITA 750 WEST RESOURCE DRIVE BROOKLYN HEIGHTS, OH 44 T MANN, LAURA</td> <td>E, #300 1131</td> <td>NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME</td> <td></td>	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	BUCKLEY, ANITA 750 WEST RESOURCE DRIVE BROOKLYN HEIGHTS, OH 44 T MANN, LAURA	E, #300 1131	NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME	
STREET ADDRESS       STREET ADDRESS         CITY-S1-ZIP       CITY-S1-ZIP         ITILE       Defete         ITILE       ITILE         NAME       STREET ADDRESS         CITY-S1-ZIP       CITY-S1-ZIP         Iter to Defete       TITLE         NAME       STREET ADDRESS         CITY-S1-ZIP       CITY-S1-ZIP         12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certily that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or thread of the corporation or trustee impowered to execute this report are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an atoriess, with all other tike empowered.	REET ADDRESS       STREET ADDRESS         IY-S1-ZIP       Criy-S1-ZIP         INLE       Delete         ITLE       ITLE         NAME       STREET ADDRESS         IY-S1-ZIP       Change         AME       STREET ADDRESS         IY-S1-ZIP       Change         AME       STREET ADDRESS         IY-S1-ZIP       Change         AME       STREET ADDRESS         CITY-S1-ZIP       Change         AME       STREET ADDRESS         CITY-S1-ZIP       Crity-S1-ZIP         2.       Increase of the receiver or trusted movement to execute this report as required by an another the same legal effect as if made under oath; that I am an officer or dire of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block changed, or en an attachment with an address, with all other tike empowered.         SIGNATURE:       Mathematical address       Mathematical address	NAME STREET ADDRESS CITY - ST - ZIP TITLE	BUCKLEY, ANITA 750 WEST RESOURCE DRIVE BROOKLYN HEIGHTS, OH 44 T MANN, LAURA 750 WEST RESOURCE DRIVE	E, #300 1131 Delete E, #300	NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS	
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NAME         STREET ADDRESS         CITY-ST-ZIP         12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee impowered to execute this report are acquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or en an attachment with an address, with all other tike empowered.	MARE IREET ADDRESS IY- S1-ZIP 2. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information decurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire of the corporation of the corporation of the corporation of the corporation of the creciver or trustee empowered to execute this report error trustee empowered. With all other tike empoweree. SIGNATURE: Charged Corporation of the corporation of th	NAME STREET ADDRESS C(11Y-S1-ZIP TITLE STREET ADDRESS C(11Y-S1-ZIP TITLE NAME	BUCKLEY, ANITA 750 WEST RESOURCE DRIVE BROOKLYN HEIGHTS, OH 44 T MANN, LAURA 750 WEST RESOURCE DRIVE	E, #300 1131 Delete E, #300 1131	NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change Ad
STREET ADDRESS STREET ADDRESS CITY-S1-ZIP   1. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation of the receiver or trustee impowered to execute this report are sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or en an attachment with an accress, with all other like empowered.	REET ADDRESS       STREET ADDRESS         IY-S1-ZIP       STREET ADDRESS         CITY-S1-ZIP       CITY-S1-ZIP         2. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.         SIGNATURE:       VID-Lo D6       216 635 000	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BUCKLEY, ANITA 750 WEST RESOURCE DRIVE BROOKLYN HEIGHTS, OH 44 T MANN, LAURA 750 WEST RESOURCE DRIVE	E, #300 1131 Delete E, #300 1131	NAME SIREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS	Change Ad
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