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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : 120080000023 Phone : (651)225-9500 Fax Number : (651)225-9579

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE MARQUETTE BUSINESS CREDIT, INC.

Certificate of Status	0
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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi atement of change is submitted for a corporation organized under the laws of the State of Minnesota	5		
_	in order to change its registered office or registered agent, or both, in the State of Florida.		•	
1.	The name of the corporation: Marquette Business Credit, Inc.			
2.	2. The principal office address: 60 South Sixth Street, Suite 3800, Minneapolis, MN 65402			
3.	The mailing address (if different):			
4.	Date of incorporation/qualification: 01/10/2005 Document number: F05000000310			
5.	The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
	CT Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6.	The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	NRAI Services, Inc.		ŭ N¥iŭ	
	2731 Executive Park Drive, Suite 4	633	ECRE SION	
	(P.O. Box NOT acceptable)	1	무젊는	
	Weston, FL 33331	70	800	
Tł as	ne street address of its registered office and the street address of the business office of its registered changed will be identical.	d agen	F STA	
Stau	ach change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change.	39	SNOI	
_	Victoria A. Larson, Secretary			
I h I f of do co	(Finaltie of in officer or director) tereby accept the appointment as registered agent and agree to act in this capacity, arther agree to comply with the provisions of all statutes relative to the proper and complete performy duties, and I am familiar with and accept the obligation of my position as registered agent. On the proper and complete performs to being filed merely to reflect a change in the registered office address, I hereby confirm reporation has been notified in writing of this change.	ormani r, if th that th	ce Is e	
	(Signature of Registered Agent) (Date)			
Ιf	signing on behalf of an entity:			
<u>.</u>	Gue Johnson, Asst. Secretary (Typed or Printed Name)			
	* * * FILING FEE: \$35.00 * * *			
	Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

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CR2E045 (8/05)