2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002183

Entity Name: HIGHLAND LENDING, INC.

FILED Sep 24, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

503 SOUTH HIGH, SUITE 102 5025 ARLINGTON CENTRE BLVD COLUMBUS, OH 43215 240

COLUMBUS, OH 43220 US

Current Mailing Address: New Mailing Address:

503 SOUTH HIGH, SUITE 102 5025 ARLINGTON CENTRE BLVD COLUMBUS, OH 43215 240 COLUMBUS, OH 43220 US

FEI Number: 86-1140548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEHOWHRTH

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

Name: RASEY, STEVE Name: KINER, CHAD P
Address: 503 SOUTH HIGH, SUITE 102 Address: 5025 ARLINGTON CENTRE BLVD STE 240

City-St-Zip: COLUMBUS, OH 43215 City-St-Zip: COLUMBUS, OH 43220 US

Title: SD () Delete Title: V (X) Change () Addition Name: KINER, CHAD Name: ADAMS, MICHAEL V

Name: KINER, CHAD Name: ADAMS, MICHAEL V
Address: 503 SOUTH HIGH, SUITE 102 Address: 5025 ARLINGTON CENTRE BLVD STE 240

City-St-Zip: COLUMBUS, OH 43215 City-St-Zip: COLUMBUS, OH 43220 US

Title: () Delete Title: D () Change (X) Addition
Name: ABBOTTSFORD HOLDING, LLC
Address: 1885 ABBOTTSFORD GREEN DRIVE

City-St-Zip: City-St-Zip: POWELL, OH 43065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD KINER P 09/24/2007