F94000001542 ACCOUNT FILING COVER SHEET

REFERENCE: (Sub Account)	2016133	SEC SEC	
DATE:	1-16-99		
REQUESTOR NAME:	LEXIS	FILED NOV 16 PM 2: ANASSEE, FLOOR ANASSEE, FLOOR	
ADDRESS:		DATE 07	
TELEPHONE: (_) () ext	()	
CONTACT NAME:			
CORPORATION NAME:	F94 - 1542		
DOCUMENT NUMBER:			
(if applicable) AUTHORIZATION:	1. Woodigad	PECCIVE 99 NOV 16 AM II DEPARTMENT OF SORPOR TALLAHASSEE, FL	
CERTIFIED COPY (1 CERTIFICATE OF ST PLAIN STAMPED COP	PAPTIC /1-01	AH 11: 45 OF STATE ORPORATIONS EE. FLORIDA	
Call When Ready Walk In Mail Out	() Call if Problem () Will Wait	200003045722	8

Florida Department of State, Sandra B. Mortham, Secretary of State

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

undersigned corporation organized under the laws of the State of Florida.	te of the
State of Florida. 1. The name of the corporation is: CRSI SPV 2, INC.	. •
	1 to
2. The mailing address of the corporation is: 6954 AMERIC	
3. Date of incorporation/qualification: 03/28/1994	Document number: F94000001542
4. The name and address of the current registered agent and of	fice:
CT CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND R	OAD ASSA TO T
PLANTATION, FL 33324	
5. The name and address of the new registered agent and office	(P. O. Box Not Acceptable)
LEXIS DOCUMENT SERVICES	INC 2
3953 WW KELLY ROAD	~
TALLAHASSEE, FL 32311	
The street address of its registered office and the street addreagent, as changed, will be identical.	ss of the business office of its registered
Such change was authorized by resolution duly adopted by it authorized by the board.	s board of directors or by an officer so
	(1/12/99
(Signature of an officer, chairman or vice chairman of the board	i) (Date)
LISA CURRIR, Sec.	
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	of process for the above stated
(Signature of Registered Agent)	11/5/99(Date)
If signing on behalf of an entity:	,
REBECCA HEISLER	ASST. SECRETARY
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FIT INC. PPE. \$25.00