



FILED  
Jan 24 1997 8:00am  
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Jan 24 1997 8:00am Secretary of State</div>	
<div>DOCUMENT # F94000002437 (1) 1. Corporation Name PATTEN RECEIVABLES FINANCE CORPORATION IX</div>				<div></div>	
<div>Principal Place of Business 5295 TOWN CENTER ROAD BOCA RATON FL 33486</div>		<div>Mailing Address 5295 TOWN CENTER ROAD BOCA RATON FL 33486-1003</div>		<div>3. Date Incorporated or Qualified 05/11/1994 3a. Date of Last Report 01/31/1996</div>	
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City &amp; State 23 Zip 24 Country</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City &amp; State 28 Zip 29 Country</div>		<div>4. FEI Number 65-0484310 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No</div>	
<div>9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</div>				<div>10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code</div>	
<div>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</div>					
<div>SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</div>					
<div>12. OFFICERS AND DIRECTORS TITLE PCDS NAME RONDEAU, PATRICK E STREET ADDRESS 5295 TOWN CENTER ROAD CITY-ST-ZIP BOCA RATON FL TITLE TDD NAME MURRAY, ALAN L STREET ADDRESS 5295 TOWN CENTER ROAD CITY-ST-ZIP BOCA RATON FL TITLE V NAME KOSCHER, DANIEL C STREET ADDRESS 5295 TOWN CENTER ROAD CITY-ST-ZIP BOCA RATON FL TITLE D NAME GAJDA, THOMAS STREET ADDRESS 86 SPRING STREET CITY-ST-ZIP WILLIAMSTOWN MA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 33486 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 33486 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 33486 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 01267 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div>		
<div>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.</div>					
<div>SIGNATURE: Patrick E. Rondeau 1/7/97 561-361-2700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</div>					