94000004508

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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N SERVICE COMPANY				
	. ACCOUNT NO.	:	072100000032	
	REFERENCE	:		
	AUTHORIZATION	:	Spublena	
	COST LIMIT	:	\$ 35.00	
ORDER DATE :	February 17, 200	7		
ORDER TIME :	10:03 AM			/
ORDER NO. :	764246-330			
CUSTOMER NO:	5173242			
	CHANGE OF A	<u>GENT</u>	<u>.</u>	
NAME:	CAPMARK FINAN	CE I	INC.	
	THE FOLLOWING AS	PRO	OOF OF FILING:	
XX PLAIN	STAMPED COPY			
GOVERN CEL DED COV	J. Amanda Haddan			
CLINIAL I PERSON	v. Amarica Baccar			

EXAMINER'S INITIALS:

APPROVEU AND

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the State of \dot{C}	Jom	ia-	
1. The name of t	he corporation: CAPMARK FINANCE IN	c.			
2. The principal	office address: 200 Witmer Road / Horsha	m, PA 19044			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 08/30/1994	Document number: F94000004508	<u> </u>		
	I street address of the current registered agreement of State:	ent and registered office on file with the		٠	
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324		SEC	07	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	CRETARY OF LAHASSEE.F	FEB 22	FILEU
	Corporation Service Company		OF S	AH	C
	1201 Hays Street		EE S	2	
	(P.O. Box NOT acceptable)		→ (**)	N	
	Tallahassee, FL 32301				
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its regis	stered ag	gent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an office ified in writing of the change.	r so		
Mari	ree Cull	Maureen Cullen, Attorney In Fact			
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity. tes relative to the proper and complete gation of my position as registered agen registered office address, I hereby con	perform it. Or, i firm tha	ance f this t the	
By: Caca	Service Company Live M. Gull gnature of Registered Agent)	January 29, 2007 (Date)	······································		
If signing on be	half of an entity:				
Jacqueline M. Gi	les, Assistant Vice President				
(T	yped or Printed Name)				

* * * FILING FEE: \$35.00 * * *