## F95000004948 ACCOUNT FILING COVER SHEET

| ACCOUNT NUMBER:_                            | FCA000000005                        |                             | ,                 |                                       |
|---|-------------------------------------|-----------------------------|-------------------|---------------------------------------|
| REFERENCE: (Sub Account)                    | 2016133                             |                             |                   |                                       |
| DATE:                                       | 11-16-99                            | TALL                        | 99                |                                       |
| REQUESTOR NAME:                             | LEXIS                               | AHASSEE,                    | FILE              |                                       |
| ADDRESS:                                    |                                     | FLORIDA                     | PN 3: 04          | · · · · · · · · · · · · · · · · · · · |
| TELEPHONE: (_                               | ) () ext (                          |                             | •                 |                                       |
| CONTACT NAME:                               |                                     | ·/                          | •                 | •                                     |
| CORPORATION NAME:_                          | F95 - 4948                          |                             |                   |                                       |
| DOCUMENT NUMBER: _ (if applicable)          |                                     |                             |                   |                                       |
| AUTHORIZATION:                              | C. Woodigad                         | DEPARTEDIVISION OF TALLAHAS | RECE<br>99 NOV 16 |                                       |
| CERTIFIED COPY CERTIFICATE OF PLAIN STAMPED | STATUS (1-9)<br>COPY                | SSEE, FLORIDA               | VI6 AMII: 45      | 1. 4.                                 |
| Call When Ready Walk In ) Mail Out          | Y ( ) Call if Problem ( ) Will Wait | ( ) Afte                    | r 4:30<br>: Up    | <del></del> .                         |

600003045696--0

C. COULLIETTE NOV 1 7 1999

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

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

| Pursuant to the provisions of sections 607.0502, 617.0502, undersigned corporation organized under the laws of the St  | ate of _DE   |
|--|--|
| submits the following statement in order to change its regist  | ered office or registered agent, or both, in the   |
| State of Florida.  1. The name of the corporation is: CRSI SPV 20487, INC.   | · · · · · · · · · · · · · · · · · · ·  |
|  | The state of the s |
| 2. The mailing address of the corporation is: 6954 AMERICA   | NA PKWY REYNOLDSBURG, OH 43068   |
| 3. Date of incorporation/qualification: 10/12/1995   | Document number: F95000004948  |
| 4. The name and address of the current registered agent and c  | office:  |
| CT CORPORATION SYSTEM  |  |
| 1200 SOUTH PINE ISLAND   | ROAD ALE S   |
| PLANTATION, FL 33324   | AHA NON  |
| 5. The name and address of the new registered agent and office   | e: (P. O. Box Not Acceptable)  |
| LEXIS DOCUMENT SERVICES  | INC P P  |
| . 3953 WW KELLY ROAD   |  |
| TALLAHASSEE, FL 32311  | 70 A   |
| The street address of its registered office and the street addragent, as changed, will be identical.   |  |
| Such change was authorized by resolution duly adopted by authorized by the board.  | its board of directors or by an officer so   |
| Hear Curue   | 11/10/99   |
| (Signature of an officer, chairman or vice chairman of the box   | ard) (Date)  |
| LISA CURRIE, See.  | ·  |
| (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 further agree to comply with the provisions of all statutes the proving the province of my duties, and I am familiar with and accepted agent. | ice of process for the above stated<br>agent and agree to act in this capacity.<br>relative to the proper and complete<br>pt the obligation of my position as  |
| Roll (Signature of Registered Agent)   | 11/5/99<br>(Date)  |
| f signing on behalf of an entity:  | •  |
| REBECCA HEISLER (Typed or Printed Name)  | ASST, SECRETARY<br>(Capacity)  |
| R2E045(4/95)   | (Capacity)  FILING FEE: \$35.00  |