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TO: Qualification/Tax Lien Section
Division of Corporations

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-03/29/96--01098--006
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SUBJECT: WICKES MORTGAGE LENDING, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Catherine J. Gray
(Name of Person)

Wickes Mortgage Lending, Inc.

(Firm/Company)

7800 Belfort Parkway, Suite 100

(Address)

Jacksonville, FL 32256

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Cathe Gray
(Name of Person)

at (904) 281-2200
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. WICKES MORTGAGE LENDING, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 59-3359527
(FEI number, if applicable)
4. January 26, 1996
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Pending Certification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7800 Belfort Parkway, Suite 100
Jacksonville, FL 32256
(Current mailing address)
8. Operating Office
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Kirschner, Main, Petrie, Graham, Tanner & Demont, Professional Association

Office Address: One Independent Drive, Suite 2000

Jacksonville, Florida, 32201
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kirschner, Main, Petrie, Graham, Tanner & Demont, Professional Association

By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Lewis W. Graham, Jr.

Address: 7800 Belfort Parkway, Ste. 100 - Jacksonville, FL 32256

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Edward B. Salem

Address: 7800 Belfort Parkway, Ste. 100 - Jacksonville, FL 32256

Vice President: Lewis W. Graham

Address: 7800 Belfort Parkway, Ste. 100 - Jacksonville, FL 32256

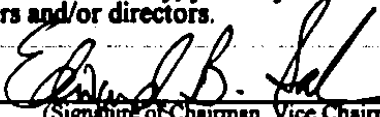
Secretary: Craig W. Olson

Address: 7800 Belfort Parkway, Ste. 100 - Jacksonville, FL 32256

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Edward B. Salem, President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WICKES MORTGAGE LENDING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MARCH, A.D. 1996.

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Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7849637

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