

1. Entity Name
PERFORMANCE SECURITIZATION CORPORATION

Principal Place of Business Mailing Address
9240 BONITA BEACH RD. SUITE 1109 9240 BONITA BEACH RD. SUITE 1109
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135-4250
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
35-1937341 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE
Leeanne W. Graziani (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAINBROOK, JOHN M	NAME	
STREET ADDRESS	250 N SHADELAND AVE	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46219	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONDEYLEN, JERRY D	NAME	
STREET ADDRESS	250 N SHADELAND AVE	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46219	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, THOMAS M	NAME	
STREET ADDRESS	30 OAK ST	STREET ADDRESS	695 E. Main Street, 3rd Floor
CITY-ST-ZIP	STAMFORD CT 06905	CITY-ST-ZIP	Stamford, CT 06904
TITLE	PTAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZIANI, LEEANNE	NAME	
STREET ADDRESS	9240 BONITA BCH RD- STE 1109	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	ASAV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, RICHARD A	NAME	
STREET ADDRESS	9240 BONITA BCH RD- STE 1109	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLENIX, GARY	NAME	
STREET ADDRESS	9240 BONITA BCH RD- STE 1109	STREET ADDRESS	425 Dockside Drive #806
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	Naples, FL 34110

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leeanne W. Graziani* Leeanne W. Graziani 4/21/00 (941)948-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)