F97000005974

(Re	equestor's Name)					
(Address)						
,	,					
(Address)						
(Cit	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
•						
, (Bu	siness Entity Nam	ie)				
(Do	cument Number)	······································				
Certified Copies	Certificates	of Status				
		o. O.a.a.				
Special Instructions to	Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
ALL AREA TO THE

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C. Occalifette MAR 1 1 2005

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Waterfield Financial Corporation	(Name of corporation)
DOCUMENT NUMBER:	F97000005974
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Traci Smith	
	(Name of person)
	(Name of firm/company)
145 Baker Street	
	(Address)
Marion, OH 43302	
	(City/state and zip code)
For further information concerning this	matter, please call:
Total October	7/0
Traci Smith (Name of person	at (740) 387-6806 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made paya	ole to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

change is submi	•	ganized under the	607.1508, or 617.1508, F laws of the State of in the State of Florida.		•
1. The name of	the corporation: Waterfield	Financial Corporation	1		
2. The principal	office address: 7500 W. Je	fferson Blvd, Fort Wa	ayne, Indiana 46804		
3. The mailing a	address (if different): 7500	West Jefferson Blvd	., Fort Wayne, Indiana 46804		
4. Date of incorp	poration/qualification:	May 16, 1997	Document number:	F97	000005974
	d street address of the curretment of State:	ent registered age	nt and registered office on	file with the	
	C T Corporation System				
	1200 South Pine Island Roa	ad		,	05 1ALL
	Plantation, Florida 33324				FIL 05 MAR -7 PEORETARY
6. The name and (if changed):	I street address of the new	registered agent (if changed) and /or registe	ered office	TLED
	526 E. Park Avenue				The state of the s
	(1	P.O. Box or personal mai	lbox NOT acceptable)		
	Tallahasse, Florida 32301				
The street addre changed will be	ess of its registered office identical.	e and the street ad	dress of the business offi	ice of its regi	stered agent, as
Such change wa	as authorized by resolution corporation has been no	on duly adopted b	y its board of directors o	r by an offic	er so authorized by
Kesly	Signature of an officer or director)		Kathban	A Sur	ite Asst VP/Asst
l further agree i duties, and I am being filed merc	to comply with the provis I familiar with and accep	sions of all statute of the obligation o	agree to act in this capaces relative to the proper a f my position as registere office address, I hereby c	and complete ed agent. Or	r. if this document is
by: Anac	(Signature of Registered Agent)		02/25	(Date)	
	half of an entity:			(
	Traci Smith			Assistant Secre	tary
	(Typed or Printed Name)			(Canacity)	

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