F9800001205

	ication/Tax Lien Section on of Corporations			
SUBJECT: _	ALWAYZ MORTGAGE SERVICES, INC.			
	(Name of corporation - must include suffix)			
Dear Sir or Ma	dam:			
"Certificate of transact busine		ed foreign corporation to		
Please return a	ll correspondence concerning this matter to the following:	D0024440802		
	CYNTHIA A. ALTIZER, PRESIDENT	<u>-03/0</u> 2/9801078004		
	(Name of Person)	*****78.75 *****78.75		
	ALWAYZ MORTGAGE SERVICES, INC.	SECRET DIVISION 98 MAR		
	(Firm/Company)	TAL OR		
	1756 WEST WISE ROAD	OF C		
	(Address)	2 2 CD		
	SCHAUMBURG, ILLINOIS. 60107	AM II:		
	(City/State/Zip)			
Should you need to call someone concerning this matter, please call: $\frac{3}{3}$				
	A. ALTIZER at (847) 584-2100			
(Name of Person) (Area Code & Daytime Telephone Number)				

COURIER ADDRESS:

Qualification/Tax Lien Section 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.

	(Name of corp words or abbre	LWAYZ MORTGAGE SERVICES, INC. oration; must include the word "INCORPORATE viations of like import in language as will clearly or partnership if not so contained in the name at properties."	D", "COMPA indicate that:				-
	ILLINO:	y under the law of which it is incorporated)	. <u>#36-</u>	3844081 (FEI number	, if applicable	e)	-
4.		SEPT, 16, 1992 5. (Duration:	PER	PETUAL			
	(ນຄ	tte of incorporation) (Duration:	Year corp. v	will cease to ex	ust or "perpet	ual")	
6.		ON AS APPROVED. St transacted business in Florida.) (SEE SECTION)	S 607 1501 <i>6</i>	07 1502 and 9	17 166 ECV		_
7.		VEST WISE ROAD.	•			98	DIV.
	SCHAUN	BURG, ILLINOIS. 60193		<u> </u>		TA A	DIVÎSÎO
		(Current mailing address				1 2	- 97 A
8.	MORTG	GE BANKING				AH .: 16	CORPA
	(Purpose	(s) of corporation authorized in home state or coun	ntry to be car.	ried out in state	e of Florida)	**	RAT
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)							
	Name:	MS. YOLANDA M. CZERWINSKI		-	~ 1444	ŕ	
Off	fice Address:	4308 MEADOWLAND CIRCLE					
		SARASOTA,	, Florida,	34233	_	.,	
		SARASOTA,		(Zip code)	_ ,		
10.	Registered a	igent's acceptance:					
in t	his application uply with the p	ed as registered agent and to accept service of pro , I hereby accept the appointment as registered a rovisions of all statutes relative to the proper and ligations of my position as presstered agent.	gent and agye complete/per	ee to act in this formance of n	canacity. I :	further agree	to

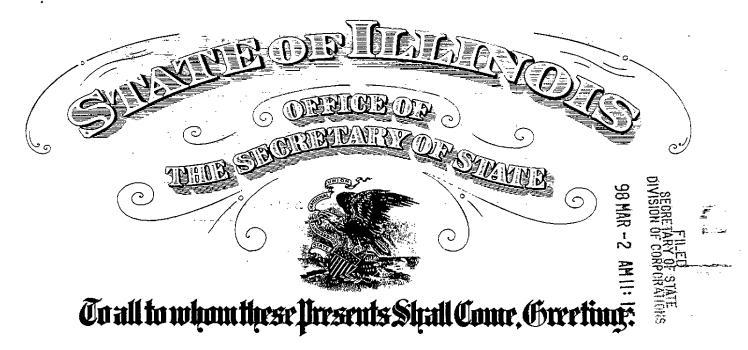
(Registered agent's signature)

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.

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

Chairman:	SAME AS BELOW.	
Address:		
<u></u>		
Vice Chairman:		
Address:		
	- · · · · · · · · · · · · · · · · · · ·	
Director:		
Address:		
Director:	v	
Address:	<u> </u>	
R OFFICERS	S (Street address only - P.O. Box NOT acceptable)	
	CYNTHIA A. ALTIZER	98. VIQ
	917 PARKSIDE CIRCLE.	MAR SECR
Audi C33.	STREAMWOOD, IL. 60107	-2 PAR =
Vice President	KURT MATHIASSON	AH II
Address:		6
	CHICAGO, IL. 60640	7
Secretary:	SUSAN M. LARSON	
Address:	312 W. GREENMEADOW BLVD.	
	STREAMWOOD, IL. 60107	
Treasurer:	PAUL M. STEWART JR.	
Address:	1716_N. MOODY	
	CHICAGO, IL 60539	
NOTE: Af neces	ssary, you may apach an addendum to the application listing additional officers and/or director	ors.
13.	what the same	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>CYN</u> 7	THIA A. ALTIZER, PRESIDENT. (Typed or printed name and capacity of person signing application)	

File Number_ 5698-706-1



I, George H. Ryan, Secretary of State of the State of Illinois,



In Tes	timony Whe	rrot, I hereto set
	•	fixed the Great Seal of
the State of .	Illinois this	<u> 18TH</u>
day of	FEBRUARY	<i>A.D., 19</i> <u>_</u> 98.

George H Ryan SECRETARY OF STATE