GREGORIANIES) NAME

		·
1) Universal Commercial Credit I	Leasing IV, Inc.	
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		ATE 2
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		Comments
(1) Th		() Merger S
() Profit () Nonprofit	() Amendment	
() Foreign	() Dissolution/Withdrawal	() Mark of T
	() Reinstatement	() Other
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	
() Certified Copy	() Fictitious Name () Photocopies	() CUS
() Common Copy	() I hotocopies	()003
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name O	9/5/02	Order#: 5569776
Availability 9502	•	3000075393634
Document / O		-09/05/0201032026
Examiner	AAM	Ref#: ******35.00 ******35.00
UpdaterV	•	· · · · · · · · · · · · · · · · · · ·
W.P. Verifier		Amount: \$
	•	- Διπόπηι, φ

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

		ctions 607.0502, 617. mized under the laws o			Statutes,
_	owing statement is	n order to change its i	·		·both, in
-		Iniversal Commercial Cre	dit Leasing IV, Inc.		
2. The mailing	address of the corp	ooration : 14651 Dallas I	arkway, Ste. 500, Dall	as TX 75240	
3. Date of inco	rporation/qualifica	tion: <u>April 13, 1998</u>	Document	number: <u>F980000020</u>	
4. The name an	d address of the cu	rrent registered agent	and office:	ELA.	ି ଥ
,	Corporation Service	Company		ASAN	-0
	1201 Hays Street				· O
· ·	Tallahassee FL 3230	1		7.5	₹ (
5. The name an		ew registered agent (if (P. O. Box Not A		gistered office	inged):
	C T Corporation Syst	tem			
·	c/o C T Corporation	System, 1200 South Pine	Island Road,		
	Plantation, Florida 33				
•		d office and the street	address of the bus	iness office of its re	gistered
		esolution duly adopte			
	DIO			September 4, 2002	
(Signature	of an officer, chairman	or vice chairman of the boar	d)	(Date)	
Гетгі Atteberry, Vi	ce President (Printed or typed	nome and title?	<u> </u>	·	÷
COrporation, I i I fürther goree	amed as registered hereby accept the to comply with the fmy duties, and I	name and thie) I agent and to accept appointment as regist e provisions of all sta am familiar with and	erea agent ana agr tutes relative to the	ree to act in this cap r proper and comple	ucuy. ete
CT Corneration	System	Prota.	9-4-	-02	
(5	MAMA Signature of Registered	Agent)	(Da	ite)	
If signing on beha	lf of an entity:	-	-		,
Maria Ozaeta	77		Vice Presid		
(Typed or Printed Name	,	")	Capacity)	
		* * * FILING FEE:	\$35.00 * * *		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314