DOCUMENT # F9900000766  1. Exitiv Name  CU MEMBER LENDING INC.					FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA OI NOV -9 AM 8: 53			
1211 N. WESTSHORE BLVD. SUITE 500		Mailing Address 1211 N. WESTSHORE BLVD. SUITE 500 TAMPA FL 33807		RE	<b>INSTATEME</b>	HT_B		
2. Principal F	Place of Business #, etc.	3. Mailing Address 7995 E Hampden Ave Suite, Apt. #, etc.		ne.	DO NOT WRIT	E IN THIS SPACE		
City & Stat	de	Suit 200 City & State Denyer CO		4	84-1186513		pplied For ot Applicable	]
Zip	Country	Zip 802-31	Country		6. Certificate of Status Desired	□ \$8.75 Ad Fee Require	ditional	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM  1200:S-PINE-ISLAND-ROAD  PLANTATION FL 33324				ne	Name and Address of New Re     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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating)  DATE								] -
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After September 12, 2 Make Check Payable			!! FEE IS \$5 , 2001 Fee w	50.00 ill be \$750.00	10. Election Campaign Fina Trust Fund Contribution	ancing <b>\$5.0</b>	<b>)0</b> May Be d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT Delete BENTLEY, STEVE 7995 E. HAMPDEN AVE, SUITE 200 DENVER CO 80231		TITLE NAME STREET ADDR CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFI 	706130- 01010570	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RUNBERG, DAVID B 7995 E. HAMPDEN AVE, SUITE 20 DENVER CO 80231	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Glenn ( 1995 È.	resident Carroll Humpden Ave., Ste. 20 er, CD 80231	Change	Addition	88
TITLE NAME STREET ADDRESS _CITY-ST-ZIP		☐ Delete	TITLE - NAME - STREET ADDR - CITY-ST-ZIP	ESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		☐ Change	Addition	
13. I hereby certify that the information supplied with this filling 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 the 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 pithety like opprovered.								
SIGNAT	URE: SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER	DR DIRECTOR		10-9-01	(303/306-	<u> 3991                                   </u>	