

Division of Corporations

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**M0800000296**

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**REGISTERED AGENT CHANGE****BILATERAL CREDIT CORP, LLC**

Certificate of Status	0
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**T. HAMPTON**

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MAR - 3 2009

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BILATERAL CREDIT CORP, LLC
2. (a) Principal office address of limited liability company: \_\_\_\_\_  
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 1/17/2008
4. Document number: M080000000296

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: CORPORATION SERVICE COMPANY  
Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE FL 32301 US

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: C T Corporation System  
NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS)  
Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark S. Eppley  
(Signature of a member or authorized representative of a member)

Mark S. Eppley Attn: Fact For David E. Kaufman Member  
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Mark S. Eppley C T Corporation System  
(Signature of Registered Agent) Mark S. Eppley, Asst VP & Sec.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (05/08)

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LIMITED POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Mr. David E. Kaufman, Member (Authorized Member/ Officer) of BILATERAL CREDIT CORP, LLC (a limited liability corporation) organized under the laws of Delaware, does hereby appoint Mark S. Eppley and Jennifer Foley as attorney-in-fact for the Company for the limited purposes authorized herein.

The Company and its subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Company's and any affiliated entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation System (or affiliated entity).

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 20 day of February, 2009.

By David E. Kaufman  
(Mr. David E. Kaufman), Authorized Member/ Officer of BILATERAL CREDIT CORP, LLC

STATE OF MA  
COUNTY OF Norfolk

The foregoing instrument was acknowledged before me this 20 day of February, 2009, by David E. Kaufman, as Member and on behalf of BILATERAL CREDIT CORP, LLC such individual is personally known to me or has identified himself to me with government issued identification to my satisfaction.

Sign Name: Rosa M. Di Rino

Print Name: ROSA M. Di Rino

Notary Public

Serial No. (none if blank): \_\_\_\_\_

My Commission Expires: 9-5-2014  
(Notarial Seal)

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