CT CORPORATION SYSTEM

CORPORATION(S) NAME		
Fairfield Mortgage Corporati	ion	
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() Nonprofit		() Merger LARIAN FILE
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() Limited Partnership	() Annual Report	() Other C w
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	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
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Verifier		Order#: 3493658HASSEE, FLORID Ref#: Ref#:
W.P. Verifier		Amount: \$ \$ \$ \$ \$ \$ \$

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

Amount: \$

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Arkansas submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FAIRFIELD MORTGAGE CORPORATION
2. The mailing address of the corporation: 8669 Commodity Circle, Suite 300,
Orlando, FL 32819
3. Date of incorporation/qualification: 12/13/1983 Document number: P00252
4. The name and address of the current registered agent and office:
Marcel J. Dumeny
c/o Fairfield Communities, Inc.
8669 Commodity Circle, Suite 200, Orlando, FL 32819 5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Marcel Olimery 12/26/00
(Signature of an officer, chairman of the board) (Date)
Marcel J. Dumeny, Vice President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
12/28/0
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: PETER F. SOUZA ADSIGNATION PETER F. SOUZA
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314