00252



ACCOUNT NO. : 07210000032

REFERENCE

COST LIMIT : \$ 35.00

ORDER DATE: June 27, 2002

ORDER TIME: 10:38 AM

ORDER NO. : 642291-470

CUSTOMER NO:

7155110

000006130750---

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation 1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

NAME: FAIRFIELD MORTGAGE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

C. Coulliste JUL 0 1 2002

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

_	-		607.1508, or 617.1508, Flore	ida Statutes,	
_	corporation organized und	•	*	7	a come
submits the following statement in order to change its registered office or registered agent, or both, in					
the State of Flori					
1. The name of the	-				-
	MORTGAGE CORPORATION				
2. The mailing ac	ddress of the corporation:_	c/o Fairfield (Communities, Inc.,		- ,
8669 Commod	dity Circle, Suite 300,	Orlando, FL 328	19		
3. Date of incorporation/qualification: 12/13/1983 Document number: P00252					<u></u> –
4. The name and address of the current registered agent and office:					
<u>_</u>	T Corporation System	·····		02 JU	
<u>1</u>	200 South Pine Island R	oad		IL -	<u> </u>
	Plantation, FL 33324	-			.ED
5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)					
c	Corporation Service Comp	-		52 RIDA	
1201 Hays Street					, -
	Callahassee, Florida 323	01.	***************************************		÷
The street addres	ss of its registered office a		ess of the business office of it	s registered	. .
agent, as change	d, will be identical.				
Such change was	s authorized by resolution e board.	duly adopted by i	ts board of directors or by an	officer so	
)V	Jan Den	I the	06/24/2002		
(Signature o	an officer, chairman or vice chair	man of the board)	(Date)		<u>-</u>
Maureen Cullen,	Attorney-in-Fact				
** • 1	(Printed or typed name and tit			J	
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 registered agent	my duties, and I am familia	ar with and accep	t the obligation of my position	n as	
Low &	incardo		06/24/2002		
(Si	gnature of Registered Agent)		(Date)		
If signing on behalf	f of an entity:		-		-
Lou Giaccardo	yped or Printed Name)		Asst. Vice President (Capacity)		
					_
* * * FILING FEE: \$35.00 * * *					•
CR2E045(9/00) Dr	VISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314		