NO. 886 P. 1

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone Fax Number : (850)521-1000

: (850)558-1575

## REGISTERED AGENT CHANGE

## VAN RU CREDIT CORPORATION

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

Help

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

Pursuant to the province statement of change	isions of sections 6 is submitted for a c	07.0502, 617.0502 corporation organi	, 607.1508, or 617.1508 zed under the laws of the	3, Florida Statutes, e State of Illinoi	this S	_
in order to	change its registere	ed office or register	red agent, or both, in the	State of Florida.		
1. The name of the	orporation: VAN	RŲ CREDIT	CORPORATION	•		
2. The principal office	ce address: 1350	E. Touhy Ave	mue, 300E, Des Pl	aines, IL 600	18	
3. The mailing addre	ss (if different):					
4. Date of incorporat	ion/qualification:	04/02/1991	Document number:	P33497		
	et address of the cu		ent and registered office	on file with the	SEC	0 II "
C1	Corporation	System			AET I	20
120	00 S. Pine Isla	nd Road			ARY	9
Pl	antation, FL 3	3324			F T S	7
6. The name and stre (if changed):	et address of the ne	ew registered agent	(if changed) and /or reg	ristered office	STATE	00 HAR -9 PM 1: 48
<u>Co</u>	rporation Serv	rice Company			- 200	
12	01 Hays Stree	t	·			
••••	(P.C	D. Box NOT acceptable)		<u> </u>		
<u>Ta</u>	<u>llahassee, FL</u>	32301				
The street address of as changed will be in	f its registered offi dentical.	ice and the street a	ddress of the business	office of its regist	व्यक्ते बहुद्या	Ļ
Such change was an authorized by the bo	thorized by resolution, or the corpora	tion duly adopted	by its board of director ified in writing of the c	s or by an officer hange.	50	
Haw	eer	ell-	Maureen Cuilen,	Attorney in F	act	
I hereby accept the a light further agree to co of my duties, and I a document is being factorporation has been corporation	appointment as rei imply with the pro- minister with an iled merely to refle n notified in writin Service Comp	zistered agent and visions of all sigue id accept the oblig ct a change in the ig of this change.	agree to act in this cay agree to the prope atton of my position as registered office addre		erformanc . Or, if th rm that th	ce is e
By: ST_	. روسره)	Anti y	03-03-2009			
(Signisus If signing on behalf	of Registered Agent) of an entity:		Φ	<b>80</b> (4)		
Sylvia Queppet	Assistant VP					
	or Printed Name)					
	•	* * 1017 13175 1919	. C2E 60 3 4 +			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)