P92000006637

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | #) |
| | - | |
| PICK-UP | MAIT | MAIL |
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| (Bu: | siness Entity Nam | oe) |
| (Do | cument Number) | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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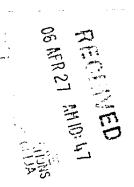
Office Use Only



500071618005

TALLAHASSEE, FLORIDA

וויייט



P.A. Chary



| ACCOUNT NO. : 072100000032 |
|---|
| REFERENCE : 058869 7523572 |
| AUTHORIZATION MULLERAN |
| COST LIMIT : \$ 35.00 |
| |
| ORDER DATE: April 25, 2006 |
| ORDER TIME: 9:26 AM |
| ORDER NO. : 058869-005 |
| CUSTOMER NO: 7523572 |
| ,一个一个,我们们也是我们的,我们就是我们的,我们就是我们就是 <mark>是我们的,我们就是我们的,我们就是我们的,我们就是我们的,不是是我们的,不是是,我们就</mark> 是不是,他们 |
| CHANGE OF AGENT |
| |
| |
| NAME: AMERICAN CREDIT BUREAU, INC. |
| |
| |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| XX PLAIN STAMPED COPY |
| |
| CONTACT PERSON: Amanda Haddan EXT# 2955 |
| |

EXAMINER:

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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati unge is submitted for a corporation organized under the laws of the State of $\overline{Florenoise}$ | | is | |
|---|---|------------------------------|---------------------------|--------------------|
| | or to change its registered office or registered agent, or both, in the State of Flori | | | - |
| 1. The name of t | the corporation: AMERICAN CREDIT BUREAU, INC. | | | • • |
| 2. The principal | office address: 1200 North Federal Highway, Suite 200, Boca Raton, FL 33432 | | | |
| | | | | • |
| 3. The mailing a | address (if different): PO Box 4545, Boynton Beach, FL 33424 | | - | |
| 4. Date of incorp | poration/qualification: November 23, 1992 Document number: P920000066 | 37 | | - • |
| | d street address of the current registered agent and registered office on file with the rtment of State: | he | | |
| | Martin Ferrell | | | |
| | 1200 North Federal Highway | | ~ | • |
| | Boca Raton, FL 33432 | Ă۲ | 2 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | LLAHASS | 2006 APR 27 | <u> </u> |
| | Corporation Service Company | Ç Ç | 7 | LED |
| | 1201 Hays Street | FL0/ | = | • |
| | (P.O. Box NOT acceptable) | | | |
| | Tallahassee, FL 32301 | · · | *** | |
| The street address changed will | ress of its registered office and the street address of the business office of its related its relation. | egister | ed age | nt, |
| Such change w authorized by the | vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | ficer s | 0 | |
| M (Signat | Maureen Cullen, Attorney in Fact (Printed of typed name and title) | , | | |
| I further agree of my duties, ar document is be corporation ha | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complend I am familiar with and accept the obligation of my position as registered a sing filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change. | ete pen igent. confiri | forma Or, if n that | nce this the |
| Ву: // | ignature of Registered Agent) On Manuary (Date) | 20 | <u> </u> | |
| If signing on be | ehalf of an entity: | | | |
| Michelle R. Var | nnoy, Asst. Vice President | | | |
| (| (Typed or Printed Name) | | • | 3 4 |
| | * * * FILING FEE: \$35.00 * * * | | | |

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