November 9, 1999

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

000003044160--11/15/99--01096--009 *****35.00 *****35.00

Re: Centennial Commercial Mortgage Direct Corporation

Dear Sir/Madam:

Please find enclosed the Statement of Change of Registered Office for the above corporation, and a check in the amount of \$35.00 for the filing fee. Please send a filed copy to my attention. If you have any questions, please give me a call.

Sincere

Jennifer

Paralega

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

submits the fol the State of Flo	lowing statement in order to change its registered office or registered agent, or both, in	
1. The name of the corporation is: Centennial Commercial Mortgage Direct Corporation		
2. The mailing	The mailing address of the corporation is: 3206 Sugar Maple Business Court, South Bend,	
	Indiana 46628	
3. Date of inco	orporation/qualification: 10/22/99 Document number: P99000094148	
4. The name an	nd address of the current registered agent and office:	
	William L. Centers	
	535 Sanctuary Drive, Al03	
	Longboat Key, FL 34226	
5. The name an	nd address of the new registered agent and office: (P. O. Box Not Acceptable)	
	William L. Centers	
	26455 Rampart Blvd.	
	Port Charlotte, FL 33983	
The street addr gent, as chang	ress of its registered office and the street address of the business office of its registered ged, will be identical.	
Such change wouthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board.	
└	11/2/99	
(Signature	of an officer, chairman or vice chairman of the board) (Date)	
William L.	Centers	
	(Printed or typed name and title)	
laving been no corporation, I h further agree performance of egistered agen	amed as registered agent and to accept service of process for the above stated hereby accept 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 complete f my duties, and I am familiar with and accept the obligation of my position as it.	
W	11/2/99	
illiam L. (Signature of Registered Agent) (Date)	
signing on behal	If of an entity:	
	Typed or Printed Name) (Capacity)	

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314