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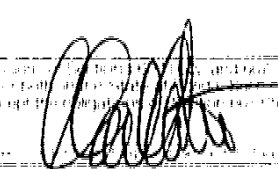
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DOCUMENT # V10587

(6)

FORECLOSURE SERVICE NETWORK, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| 1. Name of Corporation<br><b>FORECLOSURE SERVICE NETWORK, INC.</b>                                                                                                                                                                                                                                                                                    |  | 2. Date of Incorporation<br><b>01/29/1992</b>                                                                                                                                                                                                                                                                                  |  | 3. Date of Last Report<br><b>03/24/1994</b>                                                                   |  |
| 4. Registered Office<br><b>1808 ARAGON AVENUE<br/>LAKE WORTH FL 33460</b>                                                                                                                                                                                                                                                                             |  | 5. Mailing Office<br><b>1808 ARAGON AVENUE<br/>LAKE WORTH FL 33460</b>                                                                                                                                                                                                                                                         |  | 6. Certificate of Status Entered<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 7. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                 |  | 8. The corporation has liability for intangible tax under W 193.002 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                       |  |                                                                                                               |  |
| 9. Name and Address of Current Registered Agent<br><b>MENTSER, ALAN D<br/>809 PATRICK DRIVE<br/>WEST PALM BEACH FL 33406</b>                                                                                                                                                                                                                          |  | 10. Name and Address of New Registered Agent<br><b>Alan D. Mentser<br/>1400 Allendale Road<br/>West Palm Beach FL 33405</b>                                                                                                                                                                                                    |  |                                                                                                               |  |
| 11. I, the undersigned, do hereby certify that the foregoing is a true and correct statement of the facts as the same are known to me, and that I am a duly qualified and authorized officer or director of the corporation, and that I am duly qualified and authorized to execute this statement for the purpose of changing its registered office. |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                                                               |  |
| SIGNATURE:  4/24/95                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                                                               |  |
| 12. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS, ETC.<br><b>D<br/>MENTSER, ALAN D<br/>809 PATRICK DRIVE<br/>W PALM BEACH FL</b>                                                                                                                                                                                                                       |  | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS, ETC.<br><b>DP<br/>Alan D. Mentser<br/>1400 Allendale Road<br/>West Palm Beach, FL 33405</b>                                                                                                                                                                                   |  |                                                                                                               |  |
| 14. I, the undersigned, do hereby certify that the information contained in this statement is true and correct, and that I am a duly qualified and authorized officer or director of the corporation, and that I am duly qualified and authorized to execute this statement for the purpose of changing its registered office.                        |  | 15. I, the undersigned, do hereby certify that the information contained in this statement is true and correct, and that I am a duly qualified and authorized officer or director of the corporation, and that I am duly qualified and authorized to execute this statement for the purpose of changing its registered office. |  |                                                                                                               |  |
| SIGNATURE:  4/24/95 407-681-4232                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                                                               |  |