

818606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

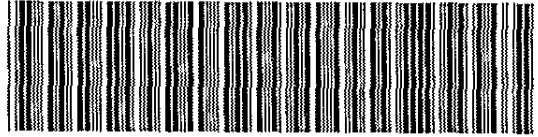
(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA

AKB
7/23/07



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 014467 7232436

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 18, 2007

ORDER TIME : 10:19 AM

ORDER NO. : 014467-095

CUSTOMER NO: 7232436

CHANGE OF AGENT

NAME: VEREX ASSURANCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VEREX ASSURANCE, INC.

2. The principal office address: 1 South Pinckney Street, Suite 700, Madison, WI 53703

3. The mailing address (if different): 6601 Six Forks Road, Raleigh, NC 27615

4. Date of incorporation/qualification: 03/24/1965 Document number: 818606

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cullen (Signature) Maureen Cullen, Attorney in Fact (Printed or typed name and title)

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 my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By (Signature) July 9, 2007 (Date)

If signing on behalf of an entity: Sylvia J. Quappet, Assistant VP (Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314