

300000000346

CORPORATION(S) NAME

NDB Capital Markets, L.P.

FILED
 02 AUG -9 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

PA
 Change

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 -08/09/02--01046--014
 *****35.00 *****35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name 8/9/02 8/9/02 Order#: 5530262
 Availability
 Document
 Examiner DR Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

Amount: \$ _____
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32304

RECEIVED
 02 AUG -9 AM 11:17

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Delaware, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. NDB Capital Markets, L.P. Name of the limited partnership
2. 11/6/00 Date of filing/registration in Florida
3. B00000000346 Document number assigned

4. The name and address of the present registered agent and office:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Such change was authorized by the general partners.

Sonja K. Olson, Secretary Signature of General Partner
August 6, 2002 Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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.

Robin LaPeters Registered Agent signature
8/6/02 Date

Robin LaPeters
Vice President

Filing Fee: \$35.00

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

INHSE004(3/95)