

F02000002250



ACCOUNT NO. : 072100000032

REFERENCE : 761739 4385593

AUTHORIZATION : *Patricia Kyzek*

COST LIMIT : \$ 35.00

FILED
02 OCT -3 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 26, 2002

ORDER TIME : 10:23 AM

ORDER NO. : 761739-085

CUSTOMER NO: 4385593

000008179160-1-0

CUSTOMER: Ms. Leonor De La Torre
Aon Corporation
Aon Center
200 East Randolph Drive
Chicago, IL 60601

CHANGE OF AGENT

NAME: AON PRIVATE RISK MANAGEMENT
INSURANCE AGENCY INC.

RECEIVED
02 OCT -3 AM 11:49
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

C. Coulliette OCT 03 2002

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, the undersigned corporation organized under the laws of the State of Illinois submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : AON PRIVATE RISK MANAGEMENT INSURANCE AGENCY INC.

2. The mailing address of the corporation : 200 East Randolph Dr., 4th Fl.
Chicago, IL 60601

3. Date of incorporation/qualification: May 7, 2002 Document number: F02000002250

4. The name and address of the current registered agent and office:
LexisNexis Document Solutions, Inc.
3953 WW Kelley Road
Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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.

Maureen Cullen September 04, 2002
(Signature of an officer, chairman or vice chairman of the board) (Date)

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

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Carol K. Dolor September 04, 2002
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Carol K. Dolor Assistant Vice President
(Typed or Printed Name) (Capacity)

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

FILED
02 OCT 3 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA