F930000558

906 Olive Street St. Lőuis, MO 63101 Tel. 314 231 8380 Fax 314 231 6454

December 1, 1997

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

300002362923--8 -12/04/97--01069--009 *****35.00 ******35.00

Re:

THE CRAWFORD GROUP, INC.

(Missouri Domestic) Order #: 1065429

Gentlemen:

As requested by counsel, we enclose for filing Statement of Change of Registered Office on behalf of this corporation, together with funds in payment of the required fees.

Evidence of the filing should be returned to this office by regular mail, using the enclosed self-addressed stamped envelope.

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number: 1-800-325-2671.

Yours truly,

Bonnie L. Love

Customer Specialist

Bonnie L. Low

Enc.

97 DEC -4 AN 10: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge

Del 12/12

Florida Department of State, Jim Smith, Secretary of State

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 Missouri submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: THE CRAWFORD GROUP, INC.
Ta. The flame of the corporation is.
1b. Date of incorporation 2/9/93 Document number F93000000558
2. The name and address of the current registered agent and office:
Dennis W. Slavik
3909 W. Hillsborough, Tampa, FL 33614
3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida, 3324
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. SIGNATURE DATE SIGNATURE DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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. SIGNATURE BY: Jonathan L. Miles, (Registered Agent) Asst. Secy. DATE 12/1/9/
Division of Cornerations P.O. Box 6327/ Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00