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DIVISION OF CUMPORATION

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ACCOUNT NO. : 072100000032

REFERENCE : 232992 7386536

AUTHORIZATION: atricia muti

COST LIMIT : \$ 35.00

ORDER DATE: September 8, 2003

ORDER TIME : 10:35 AM

ORDER NO. : 232992-090

CUSTOMER NO: 7386536

CUSTOMER: Rebecca Finley

Fleishman-hillard Inc. 200 North Broadway

St. Louis, MO 63102

## CHANGE OF AGENT

NAME: FLEISHMAN-HILLARD INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

Pursuant to t	the provisions of sections 607.0502	?, 617.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement	t of change is submitted for a corpor	ration organized under the laws of th	e State of
Delaware	in order to change its regi	istered office or registered agent, or	both, in the State
of Florida.			A.0 03
-	of the corporation: FLEISHMAN-HILL	ARD INC.	155 3 A
2 The princip	oal office address: 200 N. Broadway	Z Saint Louis MO 63102	多る。
2. The princip	on office address. 200 N. Broadway	// game_nours, no orgoz	5050 - N
<u></u>		<u> </u>	The B
3. The mailing	g address (if different):		- N
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4. Date of inc		5, 1997 Document number: F9	77000004490
5. The name a	and street address of the current regis	stered agent and registered office on	file with the
Florida De <sub>l</sub>	partment of State:		
	United Corporate Services		_
	9200 South Dadeland Blvd., S	Suite 508	
	Miami, FL 33156		<del></del>
< mm			<del></del>
6. The name changed):	_	stered agent (if changed) and /or re-	gistered office (if
	Corporation Service Company		<del></del>
,·	1201 Hays Street (P.O. Box or personal	mailbox NOT acceptable)	<u>-</u>
	Tallahassee, FL 32301		_
The street add	dress of its registered office and the aged will be identical.	street address of the business office	of its registered
Such change authorized by	was authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or b een notified in writing of the change	y an officer so
(Signature of an offi	cer, chairman or vice chairman of the board)	WILLIAM B. WINKELER (Printed or typed name and litle)	TREASURER
I hereby acce I further agre performance registered ago office address	pt the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with ent. Or, if this document is being fire I hereby confirm that the corpora	gent and agree to act in this capacity all statutes relative to the proper and in and accept the obligation of my po led merely to reflect a change in the tion has been notified in writing of t	r. I complete sition as registered his change.
Colly"	(Signature of Registered Agent)	9-30 7003 (Date)	
If signing on bel	• • •	(Dave)	
Elva M. Shi	-	Assistant Vice President	
	(Typed or Printed Name)	(Capacity)	<del></del>

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