## F9900002290

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE.

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## NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, New York 10001

Telephone: (212) 356-8340

Internet Address: gerri350@aol.com

Fax: (212) 356-8379

April 12, 2004

Secretary of State of Florida

RE: SVC Equipment Company Change of Agent - Florida

Dear Sir/Madam:

Enclosed please find Certificate of Change of Registered Office/Registered Agent on behalf of the above entity.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

Gerri Mirando Senior Specialist

Encls.

CHECK # 18778

AMOUNT S

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بَسَلْد الله

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

-	provisions of sections 607.0502, 617.0502, tted for a corporation organized under the	607.1508, or 617.1508, Florida Statutes, this	statement of in order
_	ristered office or registered agent, or both,		uioraer
1. The name of t	the corporation: SVC EQUIPMENT COM	MPANY	-œ
2. The principal	office address: 321 NORTH CLARK ST	REET	<b>F</b>
CHICAGO,	ILLINOIS 60610	The state of the s	<del>*</del> · · · ·
3. The mailing a	ddress (if different):	A STATE OF THE PARTY OF THE PAR	<u> </u>
4. Date of incorp	poration/qualification: 5/4/99	Document number: F99000002290	
	I street address of the current registered age timent of State:	nt and registered office on file with the	
	CT CORPORATION SYSTEM	The state of the s	150
	1200 SOUTH PINE ISLAND ROAD	The same of the sa	
	PLANTATION, FL 33324	THE RESIDENCE OF THE PERSON OF	强 9
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	OF ARR 19 PH 3: OF STATE
	NRAI Services, Inc.	po	, DM
	526 E. Park Avenue		
	(P.O. Box or personal ma	ilbox NOT acceptable)	
	Tallahassee, FL 32301	Company of the compan	nite and the second
The street addre	ess of its registered office and the street ac e identical.	ddress of the business office of its registered	agent, as
Such change wathe board, or the	as authorized by resolution duly adopted a corporation has been notified in writing	by its board of directors or by an officer so a of the change.	uthorized by
	Sknature of an officer or director)	BRIAN M. NURSE, VICE PRESI (Printed or typed name and title)	DENT
I further agree duties, and I an being filed mer been notified in NRAI Setvices by	the appointment as registered agent and to comply with the provisions of all status in familiar with and accept the obligation ely to reflect a change in the registered of writing of this change.  Inc.  (Signature of Registred Agent)		rmance of my is document is pration has
ii signing on be	chalf of an entity:	<del>.</del>	
	(Typed or Printed Name)	(Capacity)	

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