



ACCOUNT NO. 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

ORDER DATE: August 17, 1999

ORDER TIME: 12:49 PM

ORDER NO. : 344093

CUSTOMER NO: 4721831

800002963358--

CUSTOMER: Chris Reynoldson, Legal Asst

Koley, Jessen, Daubman &

One Pacific Place, Suite #800

1125 South 103rd Street

Omaha, NE 68124

CHANGE OF AGENT

NAME: LEE LASER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Christine Lillich

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

	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, and corporation organized under the laws of the State ofFLORIDA	
•	lowing statement in order to change its registered office or registered agent, or both, in	
the State of Flo		
•	f the corporation is: LEE LASER, INC.	
2. The mailing	address of the corporation is: 7605 PRESIDENTS DRIVE	
	ORLANDO, FL 32809-5636	
3. Date of inco	orporation/qualification: 9-17-84 Document number: H21300	
4. The name an	nd address of the current registered agent and office:	
	CT CORPORATION SYSTEM	-
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	
5. The name ar	nd address of the new registered agent and office: (P. O. Box Not Acceptable)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	
The street addragent, as change	ress of its registered office and the street address of the business office of its registered ged, will be identical.	
Such change w	was authorized by resolution duly adopted by its board of directors or by an officer so the board.	
authorized by	1 h ma 0101	
(Signature	e of an officer, chairman or vice chairman of the board) (Date)	
CHONG TI.	LEE, PRESIDENT	
	(Printed or typed name and title)	•
corporation, I I further agree performance o	named as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as	b 2.4
registered age	1 K M -	•-
4	(Signature of Registered Agent) (Date)	 ,
Jennif If signing on beha	Fer L. Oliver, Asst. Vice Pres. alf of an entity:	
	(Typed or Printed Name) (Capacity)	
	* * * FILING FEE: \$35.00 * * *	:
CR2E045(7/97)		

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS P.O. Box 6327