SIGNATURE: SICKATUSE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STAPLE CHECK HERE

DOCU	MENT	# M9400		0177 ~		1001	• •							
P.A. POST AGENCY, L.L.C., L.C.								FILED						
·								01 JUL 13 AM 8:47						
Principal Place of Business				Mailing Address				SECRETARY OF CTATE						
401 HACKENSACK AVENUE HACKENSACK NJ 07601				401 HACKENSACK AVENUE HACKENSACK NJ 07601				TALLAHASSEE, FLORIDA						
2. Principal F														
				3. Mailing Address							OTĄJI BENK DOK	<b>     </b>	/##(    <b>#</b> #   ##	
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.						DO NOT WE	RITE IN THIS	SPACE		
City & State			C	City & State				4. FEIN	lumber	22-3338	243	<u> </u>	oplied For ot Applicable	
Zip	Zip Country			Zip Count			5. Certificate of			atus Desired	· 🗆	\$5.00 Add	ditional	-
6. Name and Address of Current I				egistered Agent				7. Nam	and Add	ress of New	Registered	Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						Name Street Address (P.O. Box Number is Not Acceptable)								
1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301										Tot 7 totopia.	,,,,			-
					City					FL	Zip Cod	ө		
8. The above	named entity	y submits this statement t	for the pu	rpose of changing its	egistere	ed office or	registered	d agent,	or both, in	the State of F	lorida.			
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if	applicable. (NOTE	: Registered	d Agent signatur	re required w	hen reinstati	na)		DATE			
				FiLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of Due By September 26, 2001			nent of S	5000044839459 -07/18/0101023004 ******50.00 ******50.00						
9. MANAGING MEMBE							· · · · · ·		-		CHANGES			┨
TITLE NAME STREET ADDRESS		THOMAS S JR. CKENSACK AVENUE		☐ Delete	TITLE NAME STRE				•			Change	☐ Addition	72E083 (5/01)
CITY-ST-ZIP TITLE	HACKEN	ISACK NJ 07601			CITY-	ST-ZIP				***		Character Charac	- 1-diu	
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TITLE	~ -			Delete	TITLE			7- n. `	e Car	· · · · · · · · · · · · · · · · · · ·	-	☐ Change	☐ Addition	-
NAME Street Address City-St-Zip	•					ET ADDRESS ST-ZIP								
TITLE NAME				☐ Delete	TITLE							☐ Change	Addition	
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NAME STREET ADDRESS					NAME	T ADDRESS								
CITY-ST-ZIP	<u></u>	·			CITY-	ST-ZIP								
maicated	on this report	information supplied with is true and accurate and y or the receiver or truste	ιparmy	signature shall have th	ie same	legal effect	t as it mad	de under	oath: that	l am a mana	I further cei	tify that the in er or manage	formation r of the	