P32964

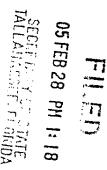
(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
•	•	,
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	l

Office Use Only



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February 23, 2005

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118.

Sincerely,

Trací Smíth Corporate Services Manager

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION AND FOREIGN CORPORATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FOREIGN CORPORATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

I. Rogers						
	(Nair	e of alien	business organization or	foreign corpo	oration)	
2 <u> </u>	February 13, 1991	3	P32964	4	31-125753	
(1	Florida registration date	:)	(Florida document nu	ımber)	(FEI Number,	if applicable)
5. <u>1050 Ce</u>	entral Avenue, Middleto	wn, Ohio				
6. Name a	and address of regi	stered ag	(Principal office addre- gent and office curren		ord with this offic	ce:
	C T Corporation S	ystem				
	1200 South Pine I	sland Roa	nd			.
	Plantation, Florida	33324				OS F
7. New re	egistered agent and	or office	e address:			FEB 28
	NRAI Services, In-	c				4/4 3
	526 E. Park Aveni	ie				PH :
	Tallahasse, Florid	a 32301				7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			ered office must be a Flo	rida street ado	iress)	>
registe	ered agent are ident	ical.	d office and the stree			
			e board of directors	or an office	r of the corporat	ion so
. /	tized by the board o)			
10. <u> </u>	um c	Signature	of chairman, vice chairm	an, or officer		
11. A	LAN C. B		EVP capacity of person signif	1	_ / _	105
	(Name and	capacity of person signif	ng in number	10 above)	
I here	ture of new register by accept the appo gations of section 6	intment	as registered agent.	I am famili	ar with and acce	pt the
ui 8	muthaci sm	th		<u>-</u> _		
	(Registered agent acc	epting ap	pointment)		(I	Date)

FILING FEE: \$35.00 DIVISION OF CORPORATIONS- P. O. BOX 6327 - TALLAHASSEE, FL 32314