P40004

(Requestor's Name)				
(Address)				
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(in a section of the				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dadiness Linky Hame)				
(Document Number)				
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SECRETARY OF STATE
SECRETARY FLORIDA

7/28



FILING REQUEST

July 19, 2004

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

CANCER RESEARCH INSTITUTE, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #16135 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

change is submi	provisions of sections 607.0502, 617.0. tted for a corporation organized under pistered office or registered agent, or b		tement of in order	
	he corporation: Cancer Research Inc	•		
	office address: 681 Fifth Ave., 12th			
3. The mailing a	ddress (if different):		 	
4. Date of incorp	poration/qualification: 8/12/1992	Document number: P40004		
	istreet address of the current registered tment of State:	agent and registered office on file with the		
	Capital Connection, Inc.			
	417 E. Virginia Street, Suite 1			
	Tallahassee, FL 32301		₽° E	
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	FCRETA	
	NRAI Services, Inc.		2 写 SSEE,	
	526 E. Park Avenue		7 F S 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
(P.O. Box or personal mailbox NOT acceptable)			28 28	
	Tallahassee, FL 32301		P	
The street addre	ess of its registered office and the stree identical.	eet address of the business office of its registered ag	ent, as	
Such change wa	as authorized by resolution duly adop e corporation has been notified in wri	ated by its board of directors or by an officer so authiting of the change.	norized by	
De O	Orner Los	Jill O'Donnell-Tormey, Exe	cutive Director	
I hereby accept I further agree duties, and I an heing filed mer	writing of this change.	(Printed or typed name and title) and agree to act in this capacity, tatutes relative to the proper and complete perform tion of my position as registered agent. Or, if this a ed office address, I hereby confirm that the corpora	ance of my locument is tion has	
If signing on be	chalf of an entity:			
Jackie Sorman		Assistant Secretary		
	(Typed or Printed Name)	(Capacity)		

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