

ACCOUNT NO.

072100000032

REFERENCE :

970880

7177039

AUTHORIZATION

COST LIMIT

ORDER DATE: January 19, 2001

ORDER TIME : 12:02 PM

ORDER NO. : 970880

CUSTOMER NO: 7177039

CUSTOMER: Mr. Jim Neal

Strategic Outsourcing, Inc. 5260 Parkway Plaza Blvd.

Charlotte, NC 28217

CHANGE OF AGENT

400003555654--3

NAME: EMPAR ENTERPRISE INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

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

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: EMPAR ENTERPRISE INC	
2. The mailing address of the corporation is: 8521 NW 68TH ST., MIAMI, FL 33166	
3. Date of incorporation/qualification: 5/16/1994 Document number: P94000036825	*:- <u></u>
4. The name and address of the current registered agent and office:	
	<u>]</u>
8521 NW 68TH ST.	Π
5. The name and address of the new residual.	J
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so	
Sames W. Teal	
(Signature of an officer, chairman or vice chairman of the board)	
Sames W. Alpal Act Con 4	
James W. Neal Asst. Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as	
BY: BRIAN COURTNEY ASST VP 1/8/70001	च र उन्हें •
(Signature of Registered Agent) (Date) / (Date) / (Date)	~t
If signing on behalf of an entity:	
Company of the control of the contro	· · · · · · · · · · · · · · · · · · ·
(Typed or Printed Name) (Capacity)	

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