

CONTACT PERSON:

## \*\* P9500002709

	ACCOUNT NO. : 0721000	000032
	REFERENCE : 393448	7175421 100
	AUTHORIZATION : Totuc	ia Part E
	COST LIMIT : \$ 35.00	SSE OF TO
ORDER D	ATE: August 6, 2001	E S
ORDER I	IME : 12:45 PM	P. C.
ORDER N	0. : 393448-190	
CUSTOME	R NO: 7175421	300004521873
CUSTOME	R: Ms. Nicolle Donald The Brisben Companies 7800 East Kemper Road	
	Cincinnati, OH 45249	
<u> </u>	<u>CHANGE OF AGENT</u>	·
	NAME: CORNERSTONE PARTNERS 54,	SUFFICE SUFFICE AND THE SUFFIC
		SENCY SARTH OF SHIP SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SARTH SART
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Ellyn Herndon -- EXT# 1145

**EXAMINER:** 

08-07-01

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

resuant to the provisions of sections 607.0502, 617.0e undersigned corporation organized under the laws of	
submits the following statement in order to change its re	-
the State of Florida.	
1. The name of the corporation: CORNERSTONE PARTNERS	54, INC.
2. The mailing address of the corporation: 7800 East K	emper Road, Cincinnati Ohio 45249
3. Date of incorporation/qualification: 01/11/1995	Document number: P95000002709
4. The name and address of the current registered agent a	nd office:
C T Corporation System	AHE A
1200 South Pine Island Road	ASSS -
Plantation, FL 33324	
5. The name and address of the new registered agent (if c (P. O. Box Not Ac	
Corporation Service Company	Α΄ Θ
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
1 1 9	7/31/01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Joseph A Faisant, Assistant Secretary (Printed or typed name and title)	<del> </del>
Having been named as registered agent and to accept so corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent.	ervice of process for the above stated red agent and agree to act in this capacity. ttes relative to the proper and complete ccept the obligation of my position as
Lleborah D. Skipper (Signature of Registered Agent)	8-3-01 (Date)
Trigning on behalf of an entity:  Deborah D. Skip	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$	\$35.00 * * *

CR2E045(9/00)