**Document Number Only** 5000000000 600001502996 -06/01/95--01028--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00 C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 600001502996 -06/01/95--01028--002 \*\*\*\*\*\$2.50 \*\*\*\*\*\$52.50 Tallahassee, Florida 32301 Chy State Phone 904-222-1092 CORPORATION(S) NAME Tir () Profit () NonProfit () Amendment () Merger () Limited Liability Company () Foreign () Dissolution/Withdrawal () Mark ل () Limited Partnership () Annual Report K) Other Designation of RIV. () Reinstatement () Reservation () Change of R.A. () Fictitious Name () Certified Copy () Photo Copies () CUS 🖂 () Call When Ready () Call if Problem () After 4:30 \*/ Walk In () Will Walt A Pick Up () Mail Out Name 3:00 Avallability PLEASE RETURN EXTRA COPY(S) 5/25/94 Document FILE STAMPED Examiner Updater U. TAX FILING VerHier R. AGENT FEE Acknowledgment C. COPY\_\_\_\_ rotal\_ W.P. Veriller N. BANK . BALANCE DUE.

CR2E031 (1-89)

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1.	_ALI INC.
	(Name of alien business progrimation)
2	DELAWARE  (State or country under which entity is organized)  3 WORLD FINANCIAL CENTER, NY, NY 10285  (Principal office address)
2.	DELAWARE
	(State or country under which entity is organized)
3.	3 HODED HYMANOTAL OPENIND AND LOOPS
٠.	3 WORLD FINANCIAL CENTER, NY, NY 10285
	(Principal office address)
4.	13-3695935
	(Federal Employer Identification number, if applicable)
5.	
J.	and thomas significations of registered agent.
	CT CORPORATION SYSTEM
	c/o C T Corporation System, 1200 South Pine Island Road
	Plantation, Florida 33324
6.	The street address of the registered office and the street address, of the business office of the
	registered agent are identical.
_	Silve Miller
7.	Eller M. Barnan
	(Signature of chairman, vice chairman, or officer)
2	EILEEN M. BANNON
٥.	(Name and capacity of person signing in number 7 above)
	(remains and cohesists of beights signing to number 1, 800/6)
€.	Signature of registered agent:
	I hereby accept the appointment as registered agent. I am familiar with and accept the
	obligations of section 607.0505, Florida Statutes.
	CT CURPORATION SYSTEM
	5/24/5,-
	(Officer) (Date)
	DAVIO W. NICKELSEN, ASST-SEGY (Date)
	(Type Name and Title of Officer)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

INHSE24 (7-90) (FLA: - 2297 + 2/1/92)

FILING FEE: \$35.00