

ACCOUNT NO. :

072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: January 10, 2000

ORDER TIME: 1:58 PM

ORDER NO. : 545880-050

CUSTOMER NO: 4328999

CUSTOMER: Ms. Nancy Dowling

St. Paul Companies
385 Washington Street

Saint Paul, MN 551021396

CHANGE OF AGENT

NAME:

SEABOARD SURETY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

G. COULLIETTE JAN 2 5 2000

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000003108720--8

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of New York
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:
SEABOARD SURETY COMPANY
2. The mailing address of the corporation is: 199 WATER STREET 20TH FLOOR
NEW YORK, NY 10038
3. Date of incorporation/qualification: JUNE 10, 1939 Document number: 805067
4. The name and address of the current registered agent and office:
FLORIDA COMMISSIONER OF INSURANCE
THE CAPITOL
TALLAHASSEE, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
The state of the s
Tallahassee, FL 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 authorized by the board.
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
MAUREEN ANN PHILLIPS, Vice President
(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 registered agent.
registered agent. Corporation Service Company
By: (leonah 10). Xb (1000)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DEBORAH D. SKIPPER Assistant Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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