CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ON FILE DE PARTE P

WACKenhut Services, Inc. G. OOULUETTE OCT 2 6 2000 Signature Requested by: Name Date

Will Pick Up

Walk-In

200003440722 10/26/00--01051--018 ***1356.25 *****43.75 Art of Inc. File_ LTD Partnership File_____ Foreign Corp. File_____ L.C. File_ Fictitious Name File Trade/Service Mark Merger File_ Art. of Amend. File_ RA Resignation_ Dissolution / Withdrawal_ Annual Report / Reinstatement Cert. Copy_ Photo Copy_ Certificate of Good Standing_ Certificate of Status____ Certificate of Fictitious Name_ Corp Record Search____ Officer Search Fictitious Search Fictitious Owner Search____ Vehicle Search Driving Record_ UCC 1 or 3 File_ UCC 11 Search

UCC 11 Retrieval_

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1a. The name of the corporation is: WACKENHUT SERVICES, INC.
1b. The mailing address of the corporation is: 4200 Wackenhut Dr., #100, Palm Beach Gardens, Fl. 33410
1c. Date of incorporation: 7/25/60 Document number: 238799
2. The name and address of the current registered agent and office: Timothy J. Howard 4200 Wackenhut Dr., #100
Palm Beach Gardens, FI 33410-4243 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
F.E. Finizia 4200 Wackenhut Dr., #100
Palm Beach Gardens, FL 33410-4243 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.
(Signature of an office Chairman or vice chairman or the beard) George R. Wackenhut Chairman
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the ebove stated corporation, Thereby 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. [Signature of Registered Agent] [Date] If signing on behalf of an entity:
F.E. Finizia (Typed or Printed Name) (Capacity) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045(11/94)