335144

WILLIAM H. KELLEY, P.A.

282 RIVER ROAD

P. O. Box 3280

MANCHESTER, NEW HAMPSHIRE 03105-3280

TELEPHONE 603-668-3333 TELECOPIER 603-668-0845

July 16, 1999

State of Florida Division of Corporations Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re: Pompano Fire Equipment, Inc.

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300002936163--5 -07/20/99--01052--003 ******35.00 ******35.00

Dear Sir/Madam:

WILLIAM H. KELLEY

ROY W. TILSLEY, JR.

DAVID M. BELIVEAU

Please find enclosed an original and one (1) copy of the Statement of Change of Registered Office or Registered Agent, or Both for Corporations in of the above-referenced corporation for filing with your office. A check in the amount of \$35.00 is enclosed to cover the filing fee.

Please call me if you have any questions.

Sincerely yours,

William H. Kelley | Sm. William H. Kelley

WHK/dar

Enclosures

WHK-566-5

cc: David J. Day, Sr.

RA Chg.

Florida Department of State, Jim Smith, Secretary of State

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

Florida FLOR	
1a. T	istered agent, or both, in the State of Florida. he name of the corporation is: PCF LEASING CORP.
1b. D	ate of incorporation 09/17/1968 Document number 3351440
	e name and address of the current registered agent and office: atrick L. Bailey, 2335 E. Atlantic Blvd., #300
<u>F</u>	Ompano Beach, FL 33062
3. Th	e name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C	T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The s	treet address of its registered agent and the street address of the business office registered agent as changed will be identical.
Such an off	change was authorized by resolution duly adopted by its board of directors or by ficer so authorized by the board. David J. Day. President. (Type or printed name and title) DATE
PRO IN TH AGE WITH	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED NT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY HE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: (Registered Agent Age
	DATE
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA, -2194 - 3/4/92) ct System

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