TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

TAMPA OFFICE
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101 EAST KENNEDY BOULEVARO
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TAMPA, FLORIDA 33601-1102
TELEPHONE 18131 223 3 7474
TELEFAX 18131 229 - 6553

PLEASE REPLY TO

ST. PETERSBURG OFFICE
2100 BARNETT TOWER
ONE PROGRESS PLAZA
POST OFFICE BOX 2245
ST. PETERSBURG. FLORIDA 33731-2245
TELEPHONE (813) 898-7474
TELEFAX (813) 821-0407

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

Re:

Educational Review Systems, Inc.

Our File No. 95-0248

Dear Sir or Madam:

1 mmmn232**474**1—-3 -jn/20/97--0jj52--013 *****35,00 ******35.00

97 0CT 20 NH

On behalf of Educational Review Systems, Inc., we enclose for filing one signed copy of Statement of Change of Registered Office and Registered Agent, together with a check in the amount of \$35.00.

Please direct any questions or comments with regard to the foregoing to the undersigned either at the address set forth at the top of this letter or at (813) 223-7474, ext. 466.

Please acknowledge receipt of the above referenced enclosures by date stamping the enclosed copy of this letter and Statement of Change of Registered Office and Registered Agent, and returning the same to the undersigned in the enclosed envelope.

Sincerely,

Charles M. Harris, Jr.

CMH/KDW/krf Enclosures

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STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of section 607.0502, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered agent, or both, in the State of Florida.

1.	The name of the corporation is Educational Review Systems, Inc.	
	Date of incorporation <u>March 20, 1970</u> Document number <u>361429</u>	
2.	The name and address of the current registered agent and office:	
	Oscar E. Araujo 406 SW 40th Terrace Gainesville, Florida 32607 The name and address of the new registered agent and office:	DI'.
3.	The name and address of the new registered agent and office:	ı)
	Jody Simon 5313 Johns Road Suite 201	
The str	reet address of its registered agent and the street address of the business office δ ered agent as changed, will be identical.	i its
Such officer	change was authorized by resolution duly adopted by its board of directors or by so authorized by the board.	y an
	SIGNATURE: Frank Dagostino, President	
	DATE: 09/10/47	
	SIGNATURE: Jody Simon, CBO	
	DATE: 9/10/97	
PROC THIS O AND A PROV PERFO	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE SESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGE AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THIS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLE ORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT TO SATION OF MY POSITION AS REGISTERED AGENT.	O IN ENT THE ETE

DATE: