835878

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NEW FILINGS		AMENDMENTS		-	
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OTHER FILING	<u>s</u>	REGISTRATION	VQUALIFICATIO	<u>)N</u>	-
Annual Repor		Foreign Limited Partner Reinstatement Trademark Other			

Examiner's Initials

T BROWN OCT 1 8 2001

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: NS Investigations Bureau, Inc.
1. The hathe of the corporation is.
2. The mailing address of the corporation is: 9 Campus Drive, PO Box 316, Parsippany, New Jersey 07054
3. Date of incorporation/qualification: March 4, 1976 Document number: 835878
4. The name and address of the current registered agent and office:
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) NRAI Services, Inc. 526 E. Park Avenue Tallahasse, Florida 32301 The street address of its registered office and the street address of the business office of its registered.
NRAI Services, Inc.
526 E. Park Avenue
Tallahasse, Florida 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 anthorized by the board. (Signature of an officer, chairman or vice chairman of the board) (Date)
Thomas M. Jackson, Corporate Secretary (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.
(Date)
If signing on behalf of an entity: GARY SHERMAN ASSISTANT SECRETAS (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314