.836154

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)	_						
(City/State/Zip/Fillotte #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
	_						
Special Instructions to Filing Officer:							

Office Use Only



800162150658

11/10/09--01027--013 **35.00



R.A. Change

C.COULLIETTE

NOV 1 3 2009

EXAMINER



FILING REQUEST

November 4, 2009

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

TOWERS, PERRIN, FORSTER & CROSBY, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 32931 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

-	-		2, 607.1508, or 617.1508, Florida Stat zed under the laws of the State of <u>P</u> eni		; 	
			red agent, or both, in the State of Flor			
1. The name of t	he corporation:_	То	owers, Perrin, Forster & Crosby, Inc.			
2. The principal	office address: 1	500 Market Street, Centr	e Square, Philadelphia, PA 19102			

3. The mailing a	ddress (if differe	nt):				
4. Date of incorp	ooration/qualifica	tion: 04/09/1976	Document number: 836154			
5. The name and			ent and registered office on file with t	he		
	CT Corpora	ion System				
	1200 S Pine	Island Road			SIP:	
	Plantation, F	L 33324			O I AON GE	, . ,
6. The name and (if changed):	street address of	the new registered agen	t (if changed) and /or registered office			A Sameter
	NRAI Serv	ices, Inc.			64:11 HW	
	2731 Exec	utive Park Drive,	Suite 4		61	
	Weston, F	(P.O. Box NOT acceptable) L 33331				
The street addre	ess of its register be identical.	ed office and the street a	address of the business office of its re	egistered	l agent	,
Such change wa authorized by th	is authorized by ne board, of the	resolution duly adopted	by its board of directors or by an of ified in writing of the change.	ficer so		
Marian	ire of an officer or dire	(lector)	Marian C. Miller, Assistant Secret			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointmen to comply with to d I am familiar ng filed merely to been notified in	t as registered agent and the provisions of all state with and accept the obli to reflect a change in the writing of this change.	d agree to act in this capacity. utes relative to the proper and compl gation of my position as registered a e registered office address, I hereby o	ete perfo gent. O confirm	ormanc r, if thi that the	e is e
Multisin	gnature of Registered	Agent)	11/4/2009 (Date)			
If signing on be	half of an entity	:				
	obs, Assistan					

* * * FILING FEE: \$35.00 * * *