836885

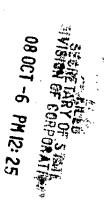
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DEFAILIBREET OF STATE
JIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



RECEIVED

P.A. Change OCT 0 6 2008



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE: 745937

AUTHORIZATION

COST LIMIT

ORDER DATE: October 6, 2008

ORDER TIME : 9:37 AM

ORDER NO. : 745937-004

CUSTOMER NO: 7668888

CHANGE OF AGENT

NAME: FAY SPOFFORD & THORNDIKE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

		7.0502, 607.1508, or 617.1508, Florida Statutes, this	:	
		organized under the laws of the State of Massachusetts registered agent, or both, in the State of Florida.		
	the corporation: FAY, SPOFFORD			
1. The name of	the corporation: 5 Burlington Woods	Rurlington MA 01803		
2. The principal	office address: 5 Burlington Woods	, burnigton, MA 01603		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: August 19, 1	976 Document number: 836885		
	d street address of the current registertment of State:	ered agent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			<u> </u>
6. The name and (if changed):	d street address of the new registered Corporation Service Company	d agent (if changed) and /or registered office	08 OCT -6	MENSH OF C
	1201 Hays Street		PM 12: 25	ORPORAT
	(P.O. Box NOT acc	eptable)	స్త	79 J
	Tallahassee, FL 32301		25	
The street addreas changed will	ess of its registered office and the s	street address of the business office of its registered a	gent,	ji ja
Such change wa authorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
Mays	een Cullen	Maureen Cullen, Attorney In Fact		
Corporation By:	the appointment as registered age to comply with the provisions of all the comply with the provisions of all am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change is company for the company for the company of the company for the	(Printed or typed name and title) ent and agree to act in this capacity. Il statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, to in the registered office address, I hereby confirm the the transpe. 1 -3 - 0 8 (Date)	nance if this at the	
If signing on be	chalf of an entity:			
Michelle R. Van	noy, Asst. Vice President			
	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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