



ACCOUNT NO. : 072100000032

REFERENCE : 633127

7138400

500002380716<u>--</u>1

AUTHORIZATION :

COST LIMIT

ORDER DATE : December 12, 1997

ORDER TIME: 9:36 AM

ORDER NO. : 633127-105

CUSTOMER NO: 7138400

CUSTOMER: Mr. Mark A. Foltz

Transfinancial Holdings, Inc.

Suite 100

8245 Nieman Road Lenexa, KS 66254

CHANGE OF AGENT

NAME:

UNIVERSAL PREMIUM ACCEPTANCE

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest

Florida Department of State, Jim Smith, Secretary of State

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 submits the following statement in order to change its registered office
or registered agent, or both, in the State Florida.
a. The name of the corporation is: UNIVERSAL PREMIUM ACCEPTANCE CORPORATION
b. Date of incorporation: 6/1/77 Document number 838511
2. The name and address of the current registered agent and office: C T CORPORATION SYSTEM
1200 SO. PINE ISLAND DRIVE PLANTATION FL 33324
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
CORPORATION SERVICE COMPANY
1201 Hays Street, Tallahassee, Florida 32301
The street address of its registered agent and the street address of the business 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 authorized by the board.
SIGNATURE Typed or printed name and title
DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. CORPORATION SERVICE COMPANY VICKI SCHREIBER SIGNATURE BY: VICKI SCHREIBER

DATE