



ACCOUNT NO.

072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: June 27, 2002

ORDER TIME : 10:36 AM

ORDER NO. : 642291-450

CUSTOMER NO: 7155110

800006131278---8

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

NAME:

CENTURY 21 REAL ESTATE

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

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

the undersigned corporation organized under the laws of		•
submits the following statement in order to change its reg	gistered office or registered age	nt, or both, in
the State of Florida.		
1. The name of the corporation:		<del></del>
CENTURY 21 REAL ESTATE CORPORATION		ALL BOLL
2. The mailing address of the corporation:		AR UL
6 Sylvan Way, Parsippany, NJ 07054		SSEE
3. Date of incorporation/qualification: 10/19/1979	Document number: 84441	PUF ST
4. The name and address of the current registered agent an	d office:	: 42 PATE ORNOA
C T Corporation System		
1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·	
Plantation, FL 33324		
5. The name and address of the new registered agent (if check (P. O. Box Not Acce		if changed):
Corporation Service Company	· .	- ·
1201 Hays Street		
Tallahassee, Florida 32301		
The street address of its registered office and the street adapent, as changed, will be identical.		
Such change was authorized by resolution duly adopted by authorized by the board.	by its board of directors or by ar	officer so
Maureen Cull	06/24/2002	
(Signature of an officer, chairman or vice chairman of the board)	(Date)	
Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)	· .	
Having been named as registered agent and to accept ser corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acceptstered agent.	rvice of process for the above si ed agent and agree to act in this es relative to the proper and co cept the obligation of my positio	ated s capacity. mplete on as
Signature of Registered Agent)	06/24/2002 (Date)	·
If signing on behalf of an entity:	Dates	
Lou Giaccardo	Asst. Vice President	
(Typed or Printed Name)	(Capacity)	
* * * FILING FEE • \$3	<u>የ</u> ፍ በበ * * *	

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