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ACCOUNT NO. : 072100000032

REFERENCE : 091913

4983A

AUTHORIZATION

COST LIMIT

ORDER DATE: May 13, 2003

ORDER TIME : 2:24 PM

ORDER NO. : 091913-040

CUSTOMER NO:

4983A

CUSTOMER: Marilyn Adelman

Cozen O'connor, P.c.

1900 Market Street

The Atrium

Philadelphia, PA 19103

CHANGE OF AGENT

NAME:

LAZOVITZ, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

	•	$P_s$ , 617.0502, 607.1508, or 617.1508 ration organized under the laws of $t$	
Pennsylvania	•	istered office or registered agent, o	
of Florida.		3 4 6	·
1. The name o	f the corporation: LAZOVITZ, INC.		-1 <sub>10</sub> -0
2. The principa	al office address: 1114 Wynwood Ave	enue, Cherry Hill, NJ 08002	THE PARTY OF THE P
3. The mailing	; address (if different):		E P
4. Date of inco	orporation/qualification: 09/08/198	Document number: 8	07 E 07
	nd street address of the current regi artment of State:	stered agent and registered office or	n file with the
	Leonard Oshinsky		
	1150 East Hallandale Beach B	lvd., Suite A	<u></u> .
	Hallandale, FL 33009	· .	- "
6. The name changed):	and street address of the new regi	istered agent (if changed) and /or i	registered office (if
	Corporation Service Company		<del></del> .
	1201 Hays Street (P.O. Box or personal	al mailbox NOT acceptable)	<u> </u>
	Tallahassee, FL 32301		<del></del> .,
The street add	lress of its registered office and the ged will be identical.	e street address of the business offic	ce of its registered
~ / 1/ 1	was authorized by resolution duly the board, or the corporation has t	adopted by its board of directors or been notified in writing of the chan	
(Signature of an office	cer, chairman or vice chairman of the board)	Maureen Cullen, Attorney-i (Printed or typed name and filled	
l further agre performance registered age	e to comply with the provisions of of my duties, and I am familiar with ent. Or, if this document is being for I hereby confirm that the corport	gent and agree to act in this capac all statutes relative to the proper a th and accept the obligation of my filed merely to reflect a change in t ation has been notified in writing o May 5, 2003	ind complete position as he registered
	(Signature of Registered Agent) Service Company	(Date)	
If signing on bel		Posistant Wiss Possis-	
Dorothy Ten	(Typed or Printed Name)	Assistant Vice President (Capacity)	

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