ACCOUNT NO.

072100000032

REFERENCE

761739

AUTHORIZATION

COST LIMIT

ORDER DATE: September 26, 2002

ORDER TIME : 10:24 AM

ORDER NO. : 761739-090

400008179124--2

CUSTOMER NO: 4385593

CUSTOMER:

Ms. Leonor De La Torre

Aon Corporation

Aon Center

200 East Randolph Drive

Chicago, IL 60601

## CHANGE OF AGENT

NAME:

AON RE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

DIVISION OF CORPURATION

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

	he provisions of sections 607.0502, 617.0502 ed corporation organized under the laws of th		8, Florida Statutes,
	llowing statement in order to change its regi	stered of <u>f</u> ice or registere	d agent, or both, in
the State of Fl	oruaa.  f the corporation :		
AON RE II	- · · · · · · · · · · · · · · · · · · ·		
2. The mailing	gaddress of the corporation: 200 E. Randol	ph Dr., 4th Fl.	STAS
Chicago,	IL 60601		HO W
3. Date of inc	orporation/qualification: June 19, 2000	Document number: 1	700000003454
4. The name a	nd address of the current registered agent and	office:	
	CT Corporation System		-
	1200 South Pine Island Road		
	Plantation, FL 33324		
5. The name a	nd address of the new registered agent (if char (P. O. Box <b>Not</b> Accep		ffice (if changed):
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301		
The street add agent, as chan	ress of its registered office and the street add ged, will be identical.	lress of the business offic	ce of its registered
	was authorized by resolution duly adopted by		
( Oli		: 09/04/0	2
(Signatur	e of an officer, chairman or vice chairman of the board)		nte)
Anne Martin,	Attorney in Fact		
	(Printed or typed name and title)		-
Corporation, 1 I further agree performance o registered age	named as registered agent and to accept serve hereby accept the appointment as registered to comply with the provisions of all statutes of my duties, and I am familiar with and acceptant.  Sexpice Company	ice of process for the ab I agent and agree to act I relative to the proper a Ppt the obligation of my p	ove stated in this capacity. nd complete position as
	( OLD (KDO)	September 04, 2	2002
	(Signature of Registered Agent)	(Date)	· · · · · · · · · · · · · · · · · · ·
If signing on beh	alf of an entity:		
Carol K. Dol	the state of the s	Assistant Vice Pr	esident
	(Typed or Printed Name)	(Capacity)	

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