

## 0000006745

ACCOUNT NO.

072100000032

REFERENCE

529547

4718027

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: April 15, 2002

ORDER TIME: 9:58 AM

ORDER NO. : 529547-085

100005326221- 7

CUSTOMER NO:

4718027

CUSTOMER:

Margaret Weber, Legal Asst

Wells Fargo & Company East

Mac #n9305-173

Sixth & Marquette Avenue Minneapolis, MN 55479

CHANGE OF AGENT

NAME:

ACORDIA OF VIRGINIA INSURANCE

AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

C. Coulliste APR 2 3 2002

CONTACT PERSON: Mimi Stephens

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

	nized under the laws of the State of <u>Virginia</u> order to change its registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation:	ACORDIA OF VIRGINIA INSURANCE AGENCY, INC.
	1002 All
2. The mailing address of the corpo	oration: P. O. Box 25948, Alexandria, VA 22313-5948
	SS P
3. Date of incorporation/qualificat	ion: 12/01/2000 Document number: F00000006745
4. The name and address of the cur	rent registered agent and office:
C T Corporation &	System
1200_South Pine	Island Road
Plantation, FL 3.	3324
	w registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Corporation Servi	ce Company
1201 Hays Street	
Tallahassee, Flor	rida 32301
The street address of its registered agent, as changed, will be identicated.	office and the street address of the business office of its registered l.
Such change was authorized by re	solution duly adopted by its board of directors or by an officer so
margaret march	w 411/02
(Signature of an officer, chairman of	r vice chairman of the board) (Date)
Margaret M. Weber, Asst. Secret (Printed or typed n	
corporation, I hereby accept the a I further agree to comply with the	agent and to accept service of process for the above stated ppointment as registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete m familiar with and accept the obligation of my position as
Maliseen	(uller 4/85/08
(Signature of Registered A	gent) (Date)
If signing on behalf of an entity:	·
Maureen Cullen	Asst. Vice President
(Typed or Printed Name)	(Capacity)

CR2E045(9/00)