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ACCOUNT NO. : 072100000032 428282 REFERENCE : 7165034 AUTHORIZATION (COST LIMIT ORDER DATE: September 13, 2006 ORDER TIME : 9:15 AM ORDER NO. : 428282-155 CUSTOMER NO: 7165034 CHANGE OF AGENT NAME: LLOYD'S REGISTER NORTH AMERICA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or register	zed under the laws of the State of Del	aware
1. The name of t	he corporation: LLOYD'S REGISTER NO	RTH AMERICA, INC.	
2. The principal	office address: 1000 S. Pine Island Road, S	Suite 350, Plantation, FL 33324	-2
FF			京 学 不
3. The mailing a	ddress (if different): 1401 Enclave Pkwy.,	Suite 200, Houston, TX 77077	
4. Date of incorr	poration/qualification: December 22, 2000	Document number: F000000071	SERGE THE
5. The name and	street address of the current registered ag tment of State:		
	National Corporate Research, Ltd., Inc.		,
	515 E. Park Ave.		
	Tallahassee, FL 32301		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301	_	
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its re	gistered agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an offitied in writing of the change.	icer so
Thank	ree Cull	Maureen Cullen, Attorney In Fact	
(Signatu	re of an officer or director)	(Printed or typed name and title)	
I hefeby accept I further agree t of my duties, an document is bein corporation has Corporation	the appointment as registered agent and o comply with the provisions of all statu I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	l agree to act in this capacity. tes relative to the proper and comple gation of my position as registered ag registered office address, I hereby c	te performance gent. Or, if this onfirm that the
By: Sym	Cemps	November 14, 2006	
(Sig	nature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
Sylvia Queppet, A	Assistant Vice President		
(T	yped or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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