F01000006330



ACCOUNT NO. :

072100000032

REFERENCE

642291

7155110

AUTHORIZATION

COST LIMIT

ORDER DATE: June 27, 2002

ORDER TIME: 10:51 AM

ORDER NO. : 642291-540

CUSTOMER NO:

7155110

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

NAME:

RESORT MARKETING SERVICES,

INC.

100006138501--8

DIVISION OF CURPOWATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

C. Coulliette JUL 0 1 2002

CONTACT PERSON: Ta-tanisha Adams

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

submits the following statement in order to change	its registered office or registered age <u>nt,</u> or both, in
the State of Florida.	ALL ALL
1. The name of the corporation:	
RESORT MARKETING SERVICES, INC.	ASS
2. The mailing address of the corporation:	
1 Campus Drive, Legal Dept., Parsippany,	
3. Date of incorporation/qualification: 12/11/2001	Document number: F01000906330
4. The name and address of the current registered ag	ent and office:
C T Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
5. The name and address of the new registered agent (P. O. Box No.	
Corporation Service Company	<u> </u>
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the stagent, as changed, will be identical.	reet address of the business office of its registered
Such change was authorized by resolution duly add authorized by the board.	pted by its board of directors or by an officer so
The same of the	//
(Signature of an officer, chairman or vice chairman of the	06/24/2002 board) (Date)
/ Maureen Cullen, Attorney-in-Fact	
(Printed or typed name and title)	
Having been named as registered agent and to acc corporation, I hereby accept the appointment as re I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent.	ept service of process for the above stated gistered agent and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as
	.06/24/2002 (Date)
Low Haccardo	
(Signature of Registered Agent)	(Date)
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)

CR2E045(9/00)