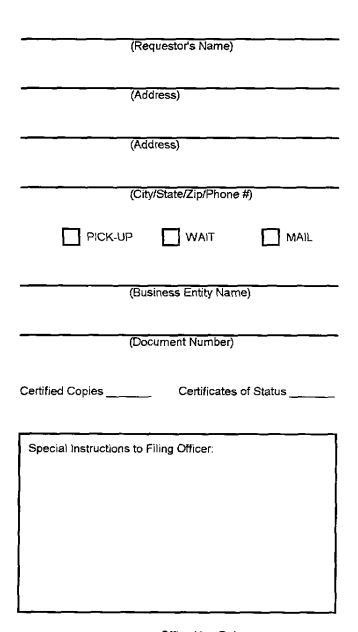
F0200000881



Office Use Only



200045701542





PREMIER CÓRPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

January 18, 2005

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Marshall Erdman & Associates, Inc. MEA1, Inc.

Dear Sir or Madam;

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

10NYAlexander

TA/smc.

Encl.

' STA'TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR . CORPORATIONS

change is submit	provisions of sections 607.0502, 617.0502, 607. tted for a corporation organized under the laws	of the State of Wisconsin	this st		nt of order
to change its reg	sistered office or registered agent, or both, in th	e State of Florida.			
1. The name of t	he corporation: MEA1, Inc.				
2. The principal	office address: 5117 University Avenue, Mac	lison, WI 53705			
3. The mailing a	ddress (if different): 5117 University Avenue	, P.O. Box 5249, Madison, WI 53	705		
4. Date of incorp	poration/qualification: 2/18/2002 [Occument number: F0200000881			
	street address of the current registered agent an timent of State:	d registered office on file with the			
	CT CORPORATION SYSTEM		_		
	1200 S. PINE ISLAND ROAD		_		
	PLANTATION FL 33324		- Z ≤	0	
6. The name and (if changed):	street address of the new registered agent (if ch	anged) and /or registered office	CREAT LAHAS	5 FEB -	1
	NRAI Services, Inc.		تا <u>ت</u> کانا	l PH	-
	526 E. Park Avenue			₩	J
	(P.O. Box or personal mailbox N	OT acceptable)		90 :	
	Tallahassee, FL 32301		_	•	
The street addre	ss of its registered office and the street addres identical.	s of the business office of its registe	ered ag	ent, as	3
Such change wa the board, or the	s authorized by resolution duly adopted by its corporation has been notified in writing of the	board of directors or by an officer e change.	so autl	orize	d by
	2/6 (3/6)	Brian L. Happ, CFO	Contro	Hor	
	ignature of an officer of director)	(Printed or typed name and t	title)		
oeen noiijiemin	the appointment as registered agent and agre o comply with the provisions of all statutes re, familiar with and accept the obligation of my ly to reflect a change in the registered office of writing of this change.	e to act in this capacity. lative to the proper and complete po position as registered agent. Or, i address, I hereby confirm that the co	erform f this d orpora	ance o locume tion h	of my ent is as
NRAI Services,	and a	January 14, 2005			
(Signature of Registered Agent)	(Date)			
If signing on bel	half of an entity:				
Anthony J. Ale	·	Asst. Secretary			
(Typed or Printed Name)		(Capacity)			

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