



ACCOUNT NO.

: 072100000032

REFERENCE : 638862

4350171

AUTHORIZATION

ORDER DATE: June 25, 2002

ORDER TIME: 12:24 PM

ORDER NO. : 638862-480

CUSTOMER NO: 4350171

CUSTOMER: Ms. Sara Henning

Aquila, Inc.

20 West Ninth Street

Mail Stop 3-122

Kansas City, MO 64105

CHANGE OF AGENT

NAME:

AQUILA MERCHANT SERVICES, INC.

600007378866--7

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

Pursuant to the provisions of sections 607.05	502, 617.0502, 607.1508, or 617.150	8, Florida Statutes,
the undersigned corporation organized under submits the following statement in order to ch	the laws of the State of Delaware	- TSF 82
the State of Florida.	unge its registered office or registere	
1. The name of the corporation:	<u></u>	AHAS 2
AQUILA MERCHANT SERVICES, INC.		E E
2. The mailing address of the corporation: 20) West 9th Street	FLS 5
Kansas City, MO 64105		
3. Date of incorporation/qualification: 03/05/		
4. The name and address of the current register		
CT Corporation System		
1200 South Pine Island Road		
Plantation, FL 33324	a constant and a constant	A Company of the consumer of t
at and registered s	agent (if changed) and/or registered of x Not Acceptable)	fice (if changed):
Corporation Service Company	and the second s	···
1201 Harra Street		
Tallahassee, FL 32301		
The street address of its registered office and the agent, as changed, will be identical.	ne street address of the business offic	e of its registered
Such change was authorized by resolution duly authorized by the board.	adopted by its board of directors or l	by an officer so
(Signature of an officer, chairman or vice chairman o	2/22	
LAURA R. DUNLAP, Attorney in Fact		
(Printed or typed name and title)		
Having been named as registered agent and to corporation, I hereby accept the appointment a I further agree to comply with the provisions of performance of my duties, and I am familiar with registered agent.	accept service of process for the abo s registered agent and agree to act ir fall statutes relative to the proper and th and accept the obligation of my po	ve stated 1 this capacity. d complete osition as
Corporation Service Company Lynthoi R. Rollin	8beloa	- ·
(Signature of Registered Agent)	(Date)	<u></u>
If signing on behalf of an entity: Cynthia L. as its ag		
(Typed or Printed Name)	(Capacity)	<u> </u>
***FILING	FEE: \$35.00 * * *	

CR2E045(9/00)