## F02000003656

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ACCOUNT NO. : 072100000032

REFERENCE: 113219 7340754

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 30, 2003

ORDER TIME : 2:53 PM

ORDER NO. : 113219-435

CUSTOMER NO: 7340754

CUSTOMER: Ms. Antoniette Ricci

John Hancock Financial John Hancock Place Post Office Box 111 Boston, MA 02117

.....

CHANGE OF AGENT

NAME: SNB ANNUITY BROKERAGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

Pursuant to ti	he provisions of sections 607.0502,	, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement	of change is submitted for a corpor	ation organized under the laws of the State of
New York	in order to change its regi.	stered office or registered agent, or both, in the State
of Florida.		
1. The name o	of the corporation: SNB ANNUITY BROD	KERAGE, INC.
2. The princip	al office address: 825 Third Avenue	, New York, NY 10022
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: July 17, 2	Document number: <u>F02000003656</u>
	_	stered agent and registered office on file with the
Florida Dep	partment of State:	
	National Corporate Research,	Ltd., Inc.
	103 North Meridian Street	SSEE TO
	Tallahassee, FL 32301	
6. The name a changed):	and street address of the new regis	stered agent (if changed) and /or registered affice if
- ,	Corporation Service Company	
	1201 Hays Street (P.O. Box or personal	maifbox NOT acceptable)
	Tallahassee, FL 32301	· · ·
The street add	lress of its registered office and the ged will be identical.	street address of the business office of its registered
1///	, , , , , ,	dopted by its board of directors or by an officer so een notified in writing of the change.
Signature of an office	Cer, chairman or vice chairman of the board)	Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)
I hereby accept I further agree performance of registered age	ot the appointment as registered ag e to comply with the provisions of a of my duties, and I am familiar with ent. Or, if this document is being fi	tent and agree to act in this capacity.  All statutes relative to the proper and complete  It and accept the obligation of my position as  It is a reflect a change in the registered  It is to notified in writing of this change.
Malpu		May 30, 2003
If signing on beh	(Signature of Registered Agent) nalf of an entity:	(Date)
Jacqueline M		Asst. Vice President
	(Typed or Printed Name)	(Capacity)

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