

F03000001657

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

WOLFOFF & ABRAMSON RECOVERY SERVICES CORPORATION

RECEIVED

03 OCT 28 AM 7:50
DIVISION OF CORPORATIONS

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FA Change
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of _____
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : WOLFOFF & ABRAMSON RECOVERY SERVICES CORPORATION
2. The mailing address of the corporation : 5350 SPECTRUM DRIVE STE A FREDERICK MD 21703
3. Date of incorporation/qualification: 04/02/2003 Document number: FD3000001657
4. The name and address of the current registered agent and office:

LEXISNEXIS DOCUMENT SOLUTIONS INC.

1201 HAYS STREET

TALLAHASSEE FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

10-22-03
(Date)

Ronald M. Abramson Sr. Vice President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

CT Corporation System
By: 

(Signature of Registered Agent)

10/27/03
(Date)

If signing on behalf of an entity:

Mark S. Exley
(Typed or Printed Name)

Asst. VP & Secretary
(Capacity)

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

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

FL004 - 04/17/01 CT System Online

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