

FO3000001847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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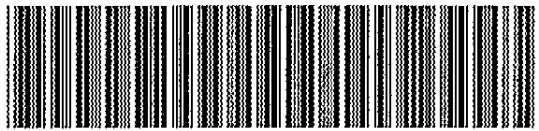
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOAN JORGENSEN, INC.
(Name of corporation)

DOCUMENT NUMBER: F 03000001847

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JILL M. TIMMONS
(Name of person)

TIMMONS, EDWARDS & COMPANY, PC
(Name of firm/company)

7315 WISCONSIN AVENUE, SUITE 420 EAST
(Address)

BETHESDA, MARYLAND 20814-3222
(City/state and zip code)

For further information concerning this matter, please call:

JILL M. TIMMONS at (301) 654-6565
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

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Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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|--|--|---|---|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

PRESIDENT
(Title of person signing)

State of Maryland
**Department of
Assessments and Taxation**
Charter Division



Robert L. Ehrlich, Jr.
Governor

C. John Sullivan, Jr.
Director

Paul B. Anderson
Administrator

TIMMONS EDWARDS & COMPANY, P.C.
JILL M. TIMMONS
SUITE 420 EAST
7315 WISCONSIN AVE
BETHESDA

MD 20814-3202

Date: 05-27-2004

This letter is to confirm acceptance of the following filing:

ENTITY NAME : JORGENSEN CONSULTING, INC.
DEPARTMENT ID : D03867686
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 03-08-2004
TIME FILED : 11:15-AM
RECORDING FEE : \$100.00
FILING NUMBER : 1000361989864313
CUSTOMER ID : 0001341947
WORK ORDER NUMBER : 0000869485

PLEASE VERIFY THE INFORMATION CONTAINED IN
IN WRITING IF ANY INFORMATION IS INCORRECT
ORDER NUMBER ON ANY INQUIRIES.

*Please image
both sides*