Division of Corr Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

REGISTERED AGENT CHANGE STARR TECHNICAL RISKS AGENCY OF TEXAS, INC.

Certificate of Status	0
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COVER LETTER

SUBJECT:	STARR TECHNICAL RISKS AG	GENCY OF TEXAS, INC.		
SUBJECT.	Name of C	Corporation		
DOCUMENT NUMBI	ER:F0	3000003975		
		e/Agent and fee are submitted for filing.		
•	ondence concerning this matte	· · ·		
		-		
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	Name of Co	ntact Person		
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	City/State a	nd Zip Code		
	many atalanta Dunaltantinus			
- E	marc.stpierre@wolterskiuwer.	uture annual report notification)		
E-111	an address: (to be used for f	uture amuai report notification)		
For further information (concerning this matter, please of	call:		
		at (
Name of	Contact Person	at () Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 cho	cck made payable to the Depart	ment of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		

Tallahassee, FL 32301

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

statement of ch	aange is submitted for a co	orporation organiza	607.1508, or 617.1508, Flo ed under the laws of the Sta	te of Texas
			ed agent, or both, in the Sta	-
			S AGENCY OF TEXAS, IN	
2. The princips	al office address: 5151 SA	n felipe street	SUITE 700 HOUSTON TX	77056
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification:	08/11/2003	Document number;	F03000003975
	nd street address of the curartment of State: (If resign		nt and registered office on t	file with the
	CORPORATION SERV	TCE COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE FL 32	301-2525		
6. The name ar (if changed):		w registered agent ((if changed) and /or register	ed office
•	C T Corporation System			
	c/o C T Corporation Sys	<u> </u>		
	PI 11 0000	P.O. Box NOT a	Sceptable	-
	Plantation, Florida 3332			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The street add as changed wi	ress of its registered office the identical.	ce and the street ad	dress of the business offic	e of its registered agent,
•			by its board of directors or fied in writing of the chan	
Couth	ry Tilaus	<u> </u>	Anthony LiCausi,	
I hereby accept further agree of my duties, a document is be	a la appainement de rec	id accept the oblig ct a change in the	agree to act in this capaci es relative to the proper a ation of my position as ret registered office address,	Tu
Ву:	vdl		2/22/2	010
Samantha Jones	ignature of tenistered Agent s, Assistant Socretary schalf of an entity;		Date	
	CT Corporation System			
	Typed or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)