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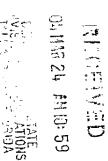
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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DR 3/24/04



ACCOUNT NO. : 072100000032

REFERENCE : 444984

4369509

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: February 17, 2004

ORDER TIME: 9:39 AM

ORDER NO. : 444984-530

CUSTOMER NO: 4369509

CUSTOMER: Ms. Susan Barber

Express Scripts Inc. 13900 Riverport Drive

Maryland Height, MO 63043

CHANGE OF AGENT

NAME: IBIOLOGIC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

change is subm	e provisions of sections 607.0502, 617.0502, 60 nitted for a corporation organized under the law egistered office or registered agent, or both, in	ws of the State of Delaware	_
1. The name of	f the corporation: IBIOLOGIC, INC.		
	d office address:		=
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 10/23/2003	_ Document number: _F03000	0005261
	nd street address of the current registered agent artment of State:	and registered office on file w	rith the
	NRAI Services, Inc.		CORP. IN T
	526 East Park Ave.		ILE ASSI
	Tallahassee, FL 32301		E S B D
6. The name an (if changed):	nd street address of the new registered agent (if	changed) and /or registered of	ORIDA
	Corporation Service Company		*
	1201 Hays Street		
	(P.O. Box or personal mailbo	x NOT acceptable)	
	Tallahassee, FL 32301		
The street addr changed will b	ress of its registered office and the street addre identical.	ress of the business office of	its registered agent, as
Such change w	vas authorized by resolution duly adopted by the corporation has been notified in writing of	its board of directors or by a	n officer so authorized by
É	Sean & Korli	Blanca Lozada, At	
V	Signature of an office of director)	`	d name and title)
l hereby accep I further agree duties, and I ar being filed mer been notified ir	t the appointment as registered agent and ag to comply with the provisions of all statutes in familiar with and accept the obligation of i rely to reflect a change in the registered offic in writing of this change.	ree to act in this capacity. relative to the proper and co my position as registered age e address, I hereby confirm t	mplete performance of my ent. Or, if this document is hat the corporation has
Corporation	Service Company	March 18, 2004	_
58	(Signature of Registered Agent)		Date)
If signing on b	ehalf of an entity:		
Sylvia Queppet		Asst. Vice Presid	lent
(Typed or Printed Name)		(Canacity)	

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