# F0400003015

(Re	equestor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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05/22/06--01052--019 \*\*35.00



RAChange 05/31/06



# US CorpWorks Inc.

1638 Pennsylvania Street Denver, CO 80203 Michael Mirrione

Date: May 16, 2006

# Ref: Tranzsubco I Corp.

Please file the atta	ched Change of Age	ent	
THANK YOU!!			
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Special Instructions

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# Return Via:

Fax: 303.393.8900 or E-Mail: mmirrione@uscorpworks.com

Federal Express #2163-467	9-3PriorityStandard2-Day
xx  Mail    _x_To Me To My Client:	US CorpWorks Inc. 1638 Pennsylvania Street Denver, CO 80203 Attn: Mike Mirrione

Voice: 303.393.8800 Toll-free: 888.967.5799 Fax: 303.393.8900 mmirrione@uscorpworks.com

# **COVER LETTER**

Amendment Section Division of Corporations TO:

# Tranzsubco I Corp.

(Name of Corporation)

F0400003015

#### **DOCUMENT NUMBER:**\_

SUBJECT:\_

The enclosed Statement of Change of Registered Office/Agent and fee arc submitted for filing.

Please return all correspondence concerning this matter to the following:

# Michael Mirrione

(Name of Contact Person)

# US CorpWorks Inc.

(Firm/Company)

# 1638 Pennsylvania Street

(Address)

Denver, CO 80203 (City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mirrione	at (	303	393.8800
(Name of Contact Person)		(Area Code	& Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address: Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

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

1. The name of	the corporation:	oration: Tranzsubco I Corp.				
2. The principal	office address:	address: 2200 Fletcher Ave, 4th Fl, Fort Lee, NJ 07024				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	05/25/2004	Document number:	F040	00003015	
	l street address of the cur rtment of State:	rrent registered age	nt and registered office on fi	le with the		
	тс	CS Corporate	Services, Inc.			
		515 E. Park	Ave.			
		Tallahassee, F	L 32301		SECR VISION	
6. The name and (if changed):	t street address of the ne	w registered agent (	(if changed) and /or register	ed office	FILE SECRETARY ASTON OF CC	
		NRAI Service	es, Inc.		PH OF S	
	(P.O	NOT acceptable) Weston, FL	CDrive, Suite 4 33331		STATE DRATIONS 3: 4 1	

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, or the corporation has been notified in writing of the change.

of an officer or director)

David Byron, Vice President (Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

66 (Date)

If signing on behalf of an entity:

## Michael Mirrione, Assistant Secretary

(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)