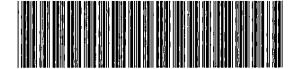
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FILED

WAR 0 2 7012 T. ROBERTS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 1139<u>37</u>

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 1, 2012

ORDER TIME : 9:08 AM

ORDER NO. : 113937-004

CUSTOMER NO: 7490073

CHANGE OF AGENT

NAME: UBS GLOBAL ASSET MANAGEMENT

(AMERICAS) INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delaware er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: UBS GLOBAL ASSET MANAGEMENT (AMERICAS) INC.
	office address: 1 North Wacker Dr., Chicago IL 60606
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 05/23/2006 Document number: F06000003670
	d street address of the current registered agent and registered office on file with the rument of State: CT Corporation System 1200 South Pine Island Rd. Plantation FL 33324
	CT Corporation System
	1200 South Pine Island Rd.
	Plantation FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	1201 Hays Street (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
11/1/.	Michael T. Jahren Assistant Sevelally re of an officer or director) Michael T. Jahren Assistant Sevelally
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Corporation	on Service Company
(Sig	ngrure of Registered Agent) (Date)
If signing on bel	half of an entity:
Sylvia Queppe	
(T	yped 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)