ACCOUNT NO. : 072100000032

REFERENCE :

271787

7288229

AUTHORIZATION

COST LIMIT

ORDER DATE: October 31, 2001

ORDER TIME :

2:13 PM

ORDER NO. :

271787-015

CUSTOMER NO:

7288229

CUSTOMER: Ms. Rhonda Toombs

Highland Capital

Suite 220

2 Metroplex Drive

Birmingham, AL 35209

CHANGE OF AGENT

NAME: LEON J. HOCHHEISER CO., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY 500004661645

CONTACT PERSON: Mimi Stephens

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

the undersigned corporation organized under	
submits the following statement in order to cl the State of Florida.	hange its registered office or registered agent, or both, in
1. The name of the corporation: LEON J. HO	CHHEISER CO., INC.
2. The mailing address of the corporation: _5	27 TOWN LINE ROAD, SUITE 202
HAUPPAGE, NY 11788	
3. Date of incorporation/qualification: 10/28	/1992 Document number: F92000000012
4. The name and address of the current registe	red agent and office:
CT CORPORATION SYSTEM	AIIA CT
1200 SOUTH PINE ISLAND ROAM	SSEE 3
PLANTATION, FL 33324	
	agent (if changed) and/or registered office (if exarged). ox Not Acceptable)
Corporation Service Company	· · · · · · · · · · · · · · · · · · ·
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and agent, as changed, will be identical.	the street address of the business office of its registered
	ly adopted by its board of directors or by an officer so
W. Ow	10/20101
(Signature of an officer, chairman or vice chairman	of the board) (Date)
. TODD CARLISLE, Vice President & Secret (Printed or typed name and title)	ary
Having been named as registered agent and to corporation, I hereby accept the appointment of further agree to comply with the provisions performance of my duties, and I am familiar wegistered agent.	o accept service of process for the above stated as registered agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as
Deborah 10 Skipper (Signature of Registered Agent)	10 /3/ /0/ (Date)
f signing on behalf of an entity:	Deborah D. Skipper Asst. Secretary
(Typed or Printed Name)	(Capacity)
* * * TTEE E'A	IC PPP- \$25.00 * * *

CR2E045(9/00)