F920000685

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ACCOUNT NO. : 072100000032

REFERENCE

113219

COST LIMIT : \$ 35.00

ORDER DATE: May 30, 2003

ORDER TIME : 2:52 PM

ORDER NO. : 113219-430

CUSTOMER NO: 7340754

CUSTOMER: Ms. Antoniette Ricci John Hancock Financial John Hancock Place Post Office Box 111

Boston, MA 02117

CHANGE OF AGENT

NAME: SIGNATOR INVESTORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

Pursuant to the	he provisions of sections 607.0502	2, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement	of change is submitted for a corpor	oration organized under the laws of the State of	-
Delaware		gistered office or registered agent, or both, in the State	,
of Florida.			
	of the corporation: SIGNATOR INVEST	TORS, INC.	<u></u>
2. The princip	al office address: 200 Clarendon S	Street, 10th Floor, Boston, MA 02117	
			<u> </u>
3. The mailing	g address (if different): John Hancoc	ck Place, P.O. Box 111, Boston, MA 02117	
4. Date of inco	orporation/qualification: December	15, 1992 Document number: F92000000685	
	and street address of the current regi- partment of State:	istered agent and registered office on file with the	
•	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name a changed):		istered agent (if changed) and /or registered office (if	
	Corporation Service Company		
	1201 Hays Street (P.O. Box or personal	al mailbox NOT acceptable)	. = - . डॉर ्ड अपन
	Tallahassee, FL 32301		9
agent, as chan	ged will be identical.	e street address of the business office of its registered	
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	-
(Xignature of an offic	er, chairman or vice chairman of the board)	Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)	-3 -
I further agree performance o registered age	e to comply with the provisions of a of my duties, and I am familiar with int. Or, if this document is being fi	gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as filed merely to reflect a change in the registered ation has been notified in writing of this change.	
$\Lambda = \Lambda$	(Signature of Registered Agent)	May 30, 2003 (Date)	
If sighing on beha			
Jacqueline M.	(Typed or Printed Name)	Asst. Vice President (Capacity)	or the grant of grant

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