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ACCOUNT NO. : 072100000032

REFERENCE: 491372 4364784

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 19, 2005

ORDER_TIME : 1:22 PM

ORDER NO. : 491372-040

CUSTOMER NO: 4364784

CUSTOMER: Ms. Christi Hickman

National Book Warehouse, Inc.

5700 Casey Dr. P.o. Box 59012

Knoxville, TN 37909-1808

CHANGE OF AGENT

NAME: NATIONAL BOOK WAREHOUSE, INC.

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CONTACT PERSON: Sara Lea

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

Pursuant to the provisions of sections statement of change is submitted for in order to change its regist	a corporation organi	ized under the laws of the	State of Delaware
1. The name of the corporation: NAT	ONAL BOOK WARE	HOUSES, INC.	
2. The principal office address: 5700	Casey Drive, I	Knoxville, TN 37909	
3. The mailing address (if different):			
4. Date of incorporation/qualification	May 25, 1993	Document number:	F93000002441
5. The name and street address of the Florida Department of State:	current registered ag	gent and registered office of	on file with the
C T Corporation	n System		
1200 South Pine	Island Road		S S
Plantation, FL	33324		
6. The name and street address of the (if changed): Corporation Se		t (if changed) and /or regis	stered office FF OF ST
1201 Hays Stre	et		- Orn
	(P.O. Box NOT acceptable)		
Tallahassee, F.	L 32301		
The street address of its registered of as changed will be identical.	office and the street	address of the business of	ffice of its registered agent,
Such change was authorized by reseauthorized by the board, or the corr	olution duly adopted oration has been no	l by its board of directors tified in writing of the ch	or by an officer so ange.
Mayereen Ci	lle	Maureen Cullen, A	ttorney In Fact
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to recorporation has been notified in wr Corporation Service Opm By Manual Senature of Registered Agen If signing on behalf of an entity:	rovisions of all state and accept the obli- flect a change in the iting of this change. any	d agree to act in this cape utes relative to the proper igation of my position as e registered office addres	acity. and complete performance registered agent. Or, if this is, I hereby confirm that the
Jennifer A. Geldof, Asst.	JP	-	
(Typed or Printed Name)			

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