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SEORETHAY OF STATE



Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc. PO 80x 1831 Austin, TX 78767 Phone: 800-345-4847 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 11/3/2010 FLORIDA

REP UNIT:

MOMENTUM-NA, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #20036 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



COVER LETTER

TO:	Amendment Section Division of Corporations							
SUBJ	ECT: MOMENTUM-NA, INC. Name of Corporation							
DOCI	UMENT NUMBER: F93000002523							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
	return all correspondence concerning this matter to the following:							
Myra Homer Name of Contact Person								
Capitol Services Registered Agent Department								
800 Brazos, Suite 400 Address								
Austin, Texas 78701 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For fu	rther information concerning this matter, please call:	٠						
Myra Homer at (800) 345-4647 Name of Contact Person Area Code & Daytime Telephone Number								
	Name of Contact Person Area Code & Daytime Telephone Num	ber						
Enclos	sed 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							

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

statement of cho	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	rganized under t	he laws of the State	of COLORADO					
1. The name of	the corporation: MOMENTUN	л-NA, INC.							
	office address: 250 Hudson St.			(Mar at 1)					
	k, NY 10013	·							
3. The mailing a	address (if different): 7930 Clayto	on Rd., Ste.	400						
St. Lou	iis, MO 63117								
4. Date of incor	poration/qualification: 5/28/199	3 Docum	ment number: F9	3000002523					
	d street address of the current register rtment of State: (If resigned, enter res		ristered office on fi	le with the					
	C T Corporation System								
	1200 South Pine Island Rd								
	Street Address Plantation	FL	33324	ant.					
6. The name and (if changed):	d street address of the new registered	_	Zip Code ed) and /or registere	d office	AON CATO				
Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A									
	Street Address (P.O. Box NOT acceptable)	, Ouite A			골.				
	Tallahassee	<u>FL</u>	32301		12: 05				
	City	State	Zip Code		20				
The street addr as changed wil	ess of its registered office and the sell be identical.	treet address of	the business office	of its registered agent,					
Such change wauthorized by t	ras authorized by resolution duly adhe board, or the corporation has been	opted by its boa in notified in wr	rd of directors or b iting of the change	by an officer so					
Myra	_ Hamer	Myra Hom	ner	Attorney-in-fact	_				
I hereby accept I further agree	the appointment as registered age to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	nt and agree to d statutes relativ	printed or typed) act in this capacity e to the proper an ny position as regi d office address, I	Title (printed or typed) , d complete performance stered agent. Or, if this hereby confirm that the	-				
Ollanie Case 11-3-10									
Si	gnature of Registered Agent		Date						
* -	chalf of an entity:								
	se, Asst. Secretary on behalf orporate Services, Inc.								
or Capitol C	orporate Services, IIIc.								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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