F93000005892

- February 13, 1998

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



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Type of Filing:

Foreign Corporation

Subject:

Triak Services Corp.

Form(s) Enclosed:

Change of Registered Office or Registered Agent

Supporting Document(s):

N/A

Check(s) Enclosed:

Check No. 59361 - \$35.00

Return Via:

US Mail - Envelope Provided

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ASAP

Please return to:

Cheryl Hemmings

Unisearch, Inc.

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Olympia, WA 98501-1077

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Florida Department of State, Sandra B. Mortham, Secretary of State

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

| Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the submits the following statement in order to change its both, in the State of Florida. | 607.1508, or 617.1508, Florida Statutes, e laws of the State of New York registered agent, or |
|---|---|
| 1a. The name of the corporation is: <u>Triak Services Corp</u> | p. |
| | |
| 1b. The mailing address of the corporation is: 7 Hanon New York, NY 10004 | · |
| | 98 F SEC TALL |
| 1c. Date of incorporation: 12-28-93 Docu | ıment number: |
| 2. The name and address of the current registered ager | ਜਿੰ ਜਿ |
| Julia <u>Del Deo</u> | |
| 1601 Forum Place, Suite 906 | |
| West Palm Beach, FL 33401 | |
| 3. The name and address of the new registered agent and | , |
| NRAI Services, Inc. | |
| 526 E. Park Avenue | |
| Tallahassee, FL 32301 | |
| The street address of its registered office and the street registered agent, as changed, will be identical. | et address of the business office of its |
| Such change was authorized by resolution duly adopted to so authorized by the board. | by its board of directors or by an officer $2 - 12 - 98$ |
| (Signature of an officer, chairman or vice chairman of the board) | (Date) |
| William Karsh - President | |
| (Printed or typed name and title) Having been named as registered agent and to accept corporation, I hereby accept the appointmentas registere I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent. | service of process for the above stated agentand agree to actin this capacity. Utes relative to the proper and complete accept the obligation of my position as |
| Sun Sulund Tima Leland-Asst. Sec. of National Registered Agents. Inc. | 2/13/98 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| Tina lel <i>a</i> nd | Assistant Secretary |
| (Typed or Printed Name) | (Capacity) |
| Division of Corporations, P.O. Box 6327, | , Tallahassee, FL 32314 |

CR2E045(11/94)

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