ACCOUNT NO.

072100000032

REFERENCE

761739

4385593

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: September 26, 2002

ORDER TIME : 10:41 AM

ORDER NO. : 761739-180

CUSTOMER NO: 4385593

800008178848--3

CUSTOMER: Ms. Leonor De La Torre

Aon Corporation

Aon Center

200 East Randolph Drive

Chicago, IL 60601

## CHANGE OF AGENT

NAME:

PHH INSURANCE ASSOCIATES

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

C. Coulliste OCT 0 3 2002

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

Pursuant to the provisions of sections 607.0502, 61 the undersigned corporation organized under the law	s of the State of Maryland	
submits the following statement in order to change in	ts registered office or registere	ed agent, or both, i
the State of Florida.  1. The name of the corporation:		
•		7A SE 92
PHH INSURANCE ASSOCIATES CORPORATION		
2. The mailing address of the corporation: 200 E. I	Randolph Dr., 4th Fl.	= 3 -
Chicago, IL 60601		SECTION !
3. Date of incorporation/qualification: January 27,	Document number:	F94000000417
4. The name and address of the current registered ages	nt and office:	RIDA RIDA
CT Corporation System		
1200 South Pine Island Road	<u></u>	
Plantation, FL 33324		
5. The name and address of the new registered agent (P. O. Box Not		office (if changed):
Corporation Service Company		_
1201 Hays Street		
Tallahassee, FL 32301		
The street address of its registered office and the streagent, as changed, will be identical.	eet address of the business offi	ice of its registered
Such change was authorized by resolution duly adop authorized by the board.	ted by its board of directors o	r by an officer so
Ohe Mis	Septemb	per 20, 2002
(Signature of an officer, chairman or vice chairman of the bo	pard) (D	Pate)
Anne Martin, Attorney in Fact (Printed or typed name and title)		
Having been named as registered agent and to accept corporation, I hereby accept the appointment as registered agent and to accept the appointment as registered agene to comply with the provisions of all superformance of my duties, and I am familiar with an registered agent.  Corporation Service Company	ot service of process for the all istered agent and agree to act tatutes relative to the proper of accept the obligation of my	bove stated in this capacity. and complete position as
(Signature of Registered Agent)	September 20, (Date)	2002
	(Date)	
If signing on behalf of an entity:  Carol K. Dolor	Assistant Vice P	resident
(Typed or Printed Name)	(Capacity)	T C G T C G
(Typed or Printed Name)  *** FILING FE	(Capacity)	<del>-</del>

CR2E045(9/00)