

REFERENCE

: 683659

COST LIMIT

\$ 35.00

ORDER DATE: September 27, 2001

ORDER TIME : 10:02 AM

ORDER NO. : 683659-325

CUSTOMER NO: 7224807

300004687063---7

CUSTOMER: Mr. Robert E. Buccarelli

Tmp Worldwide, Inc. 622 Third Avenue

39th Floor

New York, NY 10017

CHANGE OF AGENT

NAME:

M.S.I.-MARKET SUPPORT INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

DIAISIAN CE COMPONVIION AH 10: 25

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation: M.S.IMARKET SUPPORT INTERNATIONAL, INC.
2. The mailing address of the corporation: 600 International Dr., Budd Lake, NJ 07828
3. Date of incorporation/qualification: 09/20/1994 Document number: F94000004846
4. The name and address of the current registered agent and office:
Jose J. Restrepo
1301 NW 84th Avenue, #127
Miami, FL 33122
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Sul 170/2001
(Signature of an officer, chairman or vice chairman of the board) (Date)
Linda Ratchford, Vice President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Carol K. Dolor (Typed or Printed Name) (Carosity) (Carosity)
(Typed of Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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