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УРНОТО СОРУ	XFILING RA Change
1.) 2140 SCT (OVPOVOLOV) (CORPORATE NAME & DOCUMENT #)	
2.)(CORPORATE NAME & DOCUMENT #)	1000027822617 -02/22/9901025025 *****35.00 ******35.00
3.)(CORPORATE NAME & DOCUMENT #)	
4.)(CORPORATE NAME & DOCUMENT #)	SEOR TALLA
5.) (CORPORATE NAME & DOCUMENT #)	FILE FEB 22 HASSEE F
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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, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>DELAWARE</u>
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 is: 2140 SCT CORPORATION
2. The mailing address of the corporation is: 800 NEWPORT CTR, STE. 300, NEWPORT BEA
CA, 92660
3. Date of incorporation/qualification: 12/22/94 Document number: F94000006611
4. The name and address of the current registered agent and office:
NATIONSCORP REGISTERED AGENTS INC
526 E. PARK AVENUE
TALLAHASSEE, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303
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.
W - 14-98
(Signature of an officer, chairman or vice chairman of the board) (Date)
LAWRENCE K. SULLIVAN 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)
DENISE ZOLLNER, ASSISTANT SECRETARY If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
CP2F(A5/A/Q5)