## F95000000879

(Re	questor's Name)	<del>,                                      </del>
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(Au	aless)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	}
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Office Use Only



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## PREMIER CORPORATE SERVICES, INC.

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208 South LaSalle Street, Suite 1855 Chicago, IL 60604 (312) 346-3606 (800) 934-2556

Fax: (312) 346-3607

February 17, 2004

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Travel and Transport, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc. Encl.

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this sta	tement of	
_	ted for a corporation organized under the laws of the State of Nebraska	in order	
to change its regi	istered office or registered agent, or both, in the State of Florida.		
1. The name of the	ne corporation: Travel and Transport, Inc.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The principal of	office address: 2120 S. 72nd Street, Omaha, NE 68124	<u></u>	
		<u> </u>	
3. The mailing ac	Idress (if different):	41"	
			inghi -
4. Date of incorp	oration/qualification: 2/22/95 Document number: F95000000879		v ≢≟ ° k
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:		
	CT CORPORATION SYSTEM	a ac	, - <del>\$</del>
	1200 S. PINE ISLAND ROAD	₽ FB T	-71
	PLANTATION FL 33324	B 2	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		
	NRAI Services, Inc.		
•	526 E. Park Avenue		
-	(P.O. Box or personal mailbox NOT acceptable)		
	Tallahassee, FL 32301	j to No Ei	
The street addre	ss of its registered office and the street address of the business office of its registered agidentical.	ent, as	
Such change wa	s authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by resolution duly adopted by its board of directors or by an officer so authorized by its board of directors or by an officer so authorized by its board of directors or by an officer so authorized by the change.	orized by	
, ,	Rolley Bennett, Vice President (Printed or typed name and title)		45 <u>49</u> 7
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete perform, familiar with and accept the obligation of my position as registered agent. Or, if this dely to reflect a change in the registered office address, I hereby confirm that the corporal writing of this change.	ance of my locument is tion has	
by:	(Signaplice of Registered Agent) (Date)		e de Agrada
If signing on bel	half of an entity:		
Anthony J. Ale	(Typed or Printed Name)  Asst. Secretary (Capacity)	<u> </u>	<b>3</b> 50
If signing on be	(Signature of Registered Agent) (Date)  half of an entity:  exander  Asst. Secretary		

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