

Division of Corporations

Page 1 of 1

F95000003746

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CHICKERING CLAIMS ADMINISTRATORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR -3 PM 2:37

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03/03/2005
12:37

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, this statement of change is submitted for a corporation organized under the laws of the State of Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Chickering Claims Administrators, Inc.
2. The principal office address: One Charles Park
Cambridge, Ma 02142-1254
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/2/95 Document number: F95000003746

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Chief Financial Officer

P.O. Box 6200 (32314-6200)

Tallahassee, FL 32314-6200

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

c/o CT Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

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, of the corporation has been notified in writing of the change.

William C. Baskin III, Secretary

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System

By: Salvina Amenta-Gray

(Signature of Registered Agent)

SALVINA AMENTA-GRAY

SPECIAL ASSISTANT SECRETARY

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314