ACCOUNT NO.

072100000032

REFERENCE :

761739

4385593...

AUTHORIZATION

COST LIMIT

ORDER DATE: September 26, 2002

ORDER TIME : 10:20 AM

ORDER NO. : 761739-070

CUSTOMER NO:

4385593

300008179213--4

CUSTOMER: Ms. Leonor De La Torre

Aon Corporation

Aon Center

200 East Randolph Drive

Chicago, IL 60601

CHANGE OF AGENT

NAME:

AON INSURANCE SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

DIVISION OF COMPONATION **=**

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

	ie provisions of sections 007.0302, 017.0302 and corporation organized under the laws of the	
submits the fo	llowing statement in order to change its regis	tered office or registered agent for both, in
the State of Florida.		CRE O
1. The name of the corporation:		HAX:
AON INSURANCE SERVICES, INC.		Sign is the second seco
2. The mailing address of the corporation: 200 E. Randolph		
Chicago, IL 60601		A JE 30 A JE 30 A S
3. Date of inc	orporation/qualification: October 24, 1995	Document number: P95000005192
4. The name a	nd address of the current registered agent and o	office:
	CT Corporation System	
•	1200 South Pine Island Road	
	Plantation, FL 33324	
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, FL 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 vauthorized by	was authorized by resolution duly adopted by the board.	its board of directors or by an officer so
1/1/1	use Culle	September 04, 2002
(Signatur	e of an officer, chairman or vice chairman of the board)	(Date)
Maureen Culle	n, Attorney in Fact	
	(Printed or typed name and title)	. 5
corporation, I I further agree performance of registered age		ice of process for the above stated agent and agree to act in this capacity. relative to the proper and complete pt the obligation of my position as
Corporation	Service company	September 04, 2002
·	(Signature of Registered Agent)	(Date)
If signing on beh	alf of an entity:	
Carol K. Dol		Assistant Vice President
	(Typed or Printed Name)	(Capacity)

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