## 1950005312

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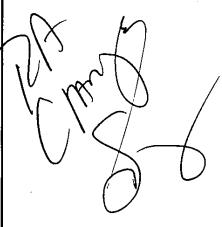
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## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 11/3/2010 FLORIDA

**REP UNIT:** 

DRAFTFCB, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #20029 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## **COVER LETTER**

Division of Corporations						
SUBJECT: DRAFTFCB, INC.  Name of Corporation						
DOCUMENT NUMBER: F95000005312						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Myra Homer Name of Contact Person						
Name of Confact Person						
Capitol Services Registered Agent Department						
800 Brazos, Suite 400 Address						
Austin, Texas 78701 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Myra Homer at (800) 345-4647 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section Division of Corporations P.O.: Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

## 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

	inge is submitted for a corporation or						
in orde	er to change its registered office or reg	gistered agent, or	· both, in the State	of Florida.			
1. The name of t	the corporation: DRAFTFCB,	INC.					
2. The principal	office address: 100 W 33rd St.						
New York	k, NY 10001						
3. The mailing a	iddress (if different): 13801 FNB	Parkway					
Omaha	, NE 68154						
4. Date of incorp	poration/qualification: 10/31/199	95 Docum	ent number: F95	5000005312			
	I street address of the current registere truent of State: (If resigned, enter resi		stered office on file	e with the			
	C T Corporation System			=			
	1200 South Pine Island Rd Street Address			—	AON PROT		
	Plantation	FL	33324	全部	Ş		
6. The name and (if changed):	d street address of the new registered a		Zip Code ) and /or registered	l office	_8 PH		
	155 Office Plaza Drive, Suite A						
	Street Address (P.O. Box NOT acceptable)	FI	32301	▶	_		
	Tallahassee City	FL State	32301 Zip Code				
The street address changed will	ess of its registered office and the str be identical.	reet address of th	e business office	of its registered agent,			
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board n notified in writ	l of directors or bing of the change	y an officer so			
Muna	Homer re of an officer or director	Myra Homer  er or director  Name (printed or typed)		Attorney in fact			
0 ·				Title (printed or typed)	-		
I nereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	it and agree to ac statutes relative obligation of my in the registered nge.	to the proper and position as regis office address, I had been address, I had been address, I had been address.	complete performance tered agent. Or, if this tereby confirm that the			
<u> Ouar</u>	ric Casc mature of Registered Agent	<u> </u>	11- ろ-10 Date	<u>,                                      </u>			
If signing on bel	half of an entity:						
	e, Asst. Secretary on behalf						
of Capitol Co	orporate Services, Inc.						
	Name (printed or typed)  * * * FILING	FEE: \$35.00 *	**				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (8/05)