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| CORPORATION NAME | (S) AND DOCUMENT NUMBER(S) | |
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| Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation | AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger *REGISTRATION/QUALIFICATION* Foreign Limited Partnership Reinstatement Trademark Other | Certificate of FICTITIOUS NAME FICTITIOUS NAME SEARCH CORP SEARCH |
| Ordered By: | | 10-19-98 CC |
| Date: | | CC |

Florida Department of State, Sandra Barringer Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

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 Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: SIG Logistics, Inc.
- 1b. Date of incorporation January 3, 1996

Document number: 7776623

2. The name and address of the current registered agent and office:

The Prentice – Hall Corporation Systems, Inc. 1201 Hayes Street, Suite 105 Tallahassee, FL 32301

The name and address of the new registered agent and office:

Swann & Hadley, P.A.

c/o Jeffrey P. Milhausen, Esq. 1031 W. Morse Blvd., Suite 270

Winter Park, FL 32789

BECRETALT OF STATALLAHASSEE, FLORIG

The street address of its registered agent and the street address of the business 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.

RIGNATURE

3.

MATE 19

Yasuv Hiya, President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 LAM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

(Registered Agent)

DATE 8.24.98

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00

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