

ACCOUNT NO. : 07210000032

REFERENCE

870620

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: June 25, 1998

ORDER TIME : 9:21 AM

ORDER NO. : 870620-075

CUSTOMER NO: 7125535

CUSTOMER: Mr. Olin Greene

Douglas-Michaels Company L.P.

6564 Loisdale Court # 500 Springfield, VA 22150

800002573208

CHANGE OF AGENT

NAME: DMC SUBSIDIARY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Lynette Coleman

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

	e provisions of sections 607.0502, 617.0		orida 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			
_		egisierea office or regisierea ago	eni, or boin, in ine
State of Florida			
1. The name of	f the corporation is: DMC SUBSIDIARY, I	NC.	
2. The mailing	address of the corporation is: 6564 Lois	dale Ct., #500, Springfield	I, VA 33324
3. Date of inco	rporation/qualification: 6/21/96	Document number: F9	6000003166
4. The name ar	nd address of the current registered agent	and office:	
	CT Corporation System		98.
	1200 South Pine Island Road	- <u> </u>	AREA
	Plantation, FL 33324		26 PARY ASSE
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			ble)ma P
	Corporation Service Company	•	- C & Q
	1201 Hays Street		RIDA RIDA
	Tallahassee, FL 32301	-	
The street add agent, as chan	lress of its registered office and the streaged, will be identical.	et address of the business office	e of its registered
authorized by	was authorized by resolution duly adopted the board. The board of the	CFO 6/	by an officer so
	F.L. TOLLESON	CFO 6/9	7/98
	(Printed or typed name and title)	(Da	ate)
corporation, l	named as registered agent and to accept hereby accept the appointment as regise to comply with the provisions of all stoff my duties, and I am familiar with and ent.	stered agent and agree to act that attempt and attempt attempt attempt and attempt att	i inis capacity. d complete
Carol	(Signature of Registered Agent)	JUNE 25, 1998 (Date)	
TOUR STATE		(,	
If signing on bel	nalf of an entity: LKDOLOR	AUTHORIZED REPRESI	ENTATTVE
	(Typed or Printed Name)	(Capacity)	

CR2E045(3/96)