ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : September 26, 2002

ORDER TIME : 10:29 AM

ORDER NO. : 761739-120

CUSTOMER NO: 4385593

400008179044--2

CUSTOMER: Ms. Leonor De La Torre

Aon Corporation

Aon Center

200 East Randolph Drive

Chicago, IL 60601

CHANGE OF AGENT

NAME:

AON TECHNICAL INSURANCE

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

DIVISION OF CONFORATION

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,
the undersigned corporation organized under the laws of the State of Illinois
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:
AON TECHNICAL INSURANCE SERVICES, INC.
2. The mailing address of the corporation: 200 E. Randolph Dr., 4th Fl.
Chicago, IL 60601
3. Date of incorporation/qualification: August 1, 1996 Document number: F9600000
4. The name and address of the current registered agent and 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 was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) September 04, 2002 (Date)
(Suic)
Anne Martin, Attorney in Fact (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 Corporation Service Company
Jour Maccardo Sentember 04 2002
(Date)
If signing on behalf of an entity:
Louis J. Giaccardo Assistant Vice President (Typed or Printed Name)
(Capacity)
* * * FILING FEE: \$35.00 * * *

DIVISION OF CORPORATIONS P

CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314