F96000004229



ACCOUNT NO. : 072100000032

REFERENCE

COST LIMIT

\$ 35.00

ORDER DATE: June 6, 2002

ORDER TIME: 11:38 AM

ORDER NO. : 612550-080

CUSTOMER NO: 163137A

CUSTOMER: Ms. Pam Goldrick

Credit Suisse First Boston

11 Madison Avenue

Legal & Compliance Dept, 16thf

New York, NY 10010

CHANGE OF AGENT

NAME: HEADWAY GP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

200005725962--2

C. Coulliste JUN 0 7 2002

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

	e provisions of sections 607.0502, 617.050 d corporation organized under the laws of th		8, Florida Statu	tes,
submits the fol	llowing statement in order to change its reg		ed agent, or both	, in
the State of Flo 1. The name of	orida. f the corporation is: HEADWAY GP, INC.			
1. The nume o	Tallo corporation as			
	g address of the corporation is: 11 Madisork, NY 10010	on Street, c/o CSFB	Inc. Attn: C	orp Tax
3. Date of inco	orporation/qualification: August 16, 1993	Document number:	F96000004229	
	nd address of the current registered agent an			
	C T Corporation System		- - 	_
	1200 South Pine Island Road		SEC ALL	2003
	Plantation, FL 33324		AHA AHA	
5. The name a	and address of the new registered agent and o	office: (P. O. Box Not Acc	eptable)	, <u>=</u>
	Corporation Service Company			
	1201 Hays Street		. STAT	Þ
	Tallahassee, Florida 32301			-
agent, as chan	lress of its registered office and the street aged, will be identical.			
Such change authorized by	was authorized by resolution duly adopted in the hogrd.	by its board of directors of	or by an officer s	SO
2	195	6	15/02	
(Signati	ure of an officer, chairman or vice chairman of the board)	(Date)	-
Ivy B. Do	odes, Vice President			
-	(Printed or typed name and title)	· -		
Having been r corporation, I I further agree performance o registered age	named as registered agent and to accept servent hereby accept the appointment as registered to comply with the provisions of all statutes of my duties, and I am familiar with and acceptant.	vice of process for the aboved agent and agree to act in a relative to the proper and the proper and the obligation of my po	ve stated of this capacity. If complete sition as	
By: Care	1 (Dol	. 6.5.	02	
Dr. Green	(Signature of Registered Agent)	(Date)		•
If signing on beha	alf of an entity:			
Carol K. Dolor (Typed or Printed Name)		Assistant Vice Presid (Capacity		
	,	` .	,	
	* * * FILING FEE:	\$35.00 * * *		
CR2EO45(7/97)				

P. O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314