ACCOUNT NO.

REFERENCE: 083992 4391649

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: March 20, 2001

ORDER TIME : 2:30 PM

ORDER NO. : 083992-335

CUSTOMER NO: 4391649

CUSTOMER: Ms. Janet Golem

Keycorp

127 Public Square, 2nd Floor

Cleveland, OH 44114

CHANGE OF AGENT

500004065255--9....

NAME:

KEYCORP INSURANCE AGENCY USA

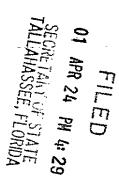
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EXT: 1156



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 Washington
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 is:
I. The name of the corporation is: KEYCORP INSURANCE AGENCY USA INC.
2. The mailing address of the corporation is:
2 Data of incompanies (15
3. Date of incorporation/qualification: September 18, 1996 Document number: F96000004795
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 and office: (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.
R1027
(Signature of an officer, chairman or vice chairman of the board) (Date)
Kichard G. Luger Secretary
(Printed or typed name land 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 to accept service of process for the above stated
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
registered agent. Corporation Service Company
By: (Co. of (C)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Carol K. Dolor Assistant Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2EO45(7/97)