## 7000001614 CORPORATE ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 **WALK IN** CERTIFIED COPY\_ lechnologies, (CORPORATE NAME & DOCUMENT #) 500005312815 -04/22/02--01023--030 \*\*\*\*\*35.00 \*\*\*\*\*35.00 (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) C. Coulliste APR 2 2 2002 (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS\_

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

## 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 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: \_\_\_DETERRENT TECHNOLOGIES, INC. 1b. The mailing address of the corporation is: \_ 1750 BRIELLE AVE OCEAN, NJ 07712 1c. Date of incorporation: 1/1/97 \_\_\_\_ Document number: F97000001614 The name and address of the current registered agent and office: CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD. TALLAHASSEE, FL 32303 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CORPORATECACCESS, INC. 236 EAST 6TH AVE. FL 32303 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) Vice Presiden (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I herebyaccept the appointmentas 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 registered agent. (Date) (Signature of Registered Agent) If signing on behalf of an entity:

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

PRESTDENT

FILING FEE: \$35.00

(Typed or Printed Name)