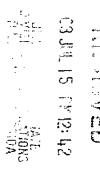
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ACCOUNT NO. : 072100000032 -

REFERENCE : 166062 7112604

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 11, 2003

ORDER TIME : 11:23 AM

ORDER NO. : 166062-220

CUSTOMER NO: 7112604

CUSTOMER: Ms. Jeanie Cassidy

Gmh Associates, Inc.

10 Campus Blvd.

Newtown Square, PA 19073

CHANGE OF AGENT

NAME: GH NORTHWEST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

Pursuant to the	he provisions of sections 607.0502,	617.0502,	607.1508, or	617.1508,	Florida	Statu	ites,
this statement	of change is submitted for a corpora	ition organi	ized under the	laws of the	e State o	f	
Delaware	in order to change its regis	tered office	or registered	l agent, or	both, in	the S	tate.
of Florida.		, ,	Č	.			
-	of the corporation: GH NORTHWEST, I	NC.		5	₹.	~ -	ie.
	•				FE	-89	
2. The princip	al office address:	. 122			<u> </u>		
10 Campu	s Blvd., Newtown Square, PA 1907	3 =		<u>.</u>	AS.		77
2 The mailine	addrage (if different);			*****	E (Ç	F
5. The mannig	g address (if different):				7		
				<u></u>	25	<u>.</u>	
4. Date of inco	orporation/qualification: 05/09/199	7 =	Document no	umber: <u>F97</u>	0020024	ω 7 9 —	
5. The name a	nd street address of the current regist	ered agent	and registered	office on f	file with	the	
Florida Dep	partment of State:	_	_				
	C T Corporation System	مطيد					
				-	_		
	1200 South Pine Island Road	=			_		
	Plantation, FL 33324	<u></u>					
6. The name a changed):	and street address of the new regist	ered agent	(if changed)	and for reg	gistered	office	(if
	Corporation Service Company	* ÷			_		
	1201 Hays Street (P.O. Box or personal n	nailbox NOT acc	ceptable)	- <u>-</u>	_		
	Tallahassee, FL 32301	Ξ					
The street add agent, as chan	ress of its registered office and the s	treet addre	ss of the busin	ness office	of its re	gister	ed
Such change vauthorized by	was authorized by resolution duly ad the board, or the corporation has be	opted by it	s board of dire in writing of	ectors or by the change	y an offi ·	icer so)
	er, chalimen or vice chairman of the board)	Anne Ma	rtin, Attorn (Printed or typed no	ey in Fac	t		
I hereby accep I further agree performance o registered age	of the appointment as registered age to comply with the provisions of all off my duties, and I am familiar with the corporation of the corporation	l statutes re and accept ed merely to	ee to act in thi elative to the p the obligation oreflect a cha n notified in v	is capacity proper and n of my poi inge in the writing of t	l comple sition as revister	ed	
	(Signature of Registered Agent)	<u></u>	(Date))			
If signing on beh	alf of an entity:						
Elizabeth A.	(Typed or Printed Name)	AsstVi	ce President (Capac				
	\		1 -4040				

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