F97000003321



ACCOUNT NO. : 07210000032

REFERENCE : 265585

7136747

100002904331

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: June 7, 1999

ORDER TIME : 3:40 PM

ORDER NO. : 265585-025

CUSTOMER NO:

7136747

New York, NY 10020

CUSTOMER: Mr. Warren Oates

Philips Electronics North

1251 Avenue Of The Americas

CHANGE OF AGENT

ORIGIN TECHNOLOGY IN BUSINESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

C. COULLIETTE JUN 1 5 1999

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

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

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

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.1	508, or 617.1508, Florida Statutes, the
undersigned cor	poration organized under the laws of the State of	Delaware
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.		
2. The mailing a	address of the corporation is: 100 E. 42nd Stre	et, New York, NY 10017
3. Date of incor	poration/qualification: 6/25/97 D	Oocument number: F97000003321
4. The name and	d address of the current registered agent and office	: 75 99
	CT Corporation System	
	1200 South Pine Island Road, Plantation,	FL 33324 ASSEED
5. The name an	d address of the new registered agent and office: (I	P. O. Box Not Acceptable)
	Corporation Service Company	
	1201 Hays Street	· - · · · · · · · · · · · · · · · · · ·
	Tallahassee, FL 32301	
	ress of its registered office and the street address ged, will be identical.	
Such change wauthorized by	vas authorized by resolution duly adopted by its the board.	board of directors or by an officer so
	West	5.28.99
(Signature	of an officer, chairman or vice chairman of the board) WARREN T. OATES, JR. ASSISTANT SECRETARY	(Date)
·	(Printed or typed name and title)	(Date)
corporation, I	amed as registered agent and to accept service of hereby accept the appointment as registered ago to comply with the provisions of all statutes reli f my duties, and I am familiar with and accept to	ent and agree to act in this capacity. ative to the proper and complete he obligation of my position as
	Cool College (Signature of Registered Agent)	(Date)
If signing on beh		, ,
	or, Asst. Vice President	
	(Typed or Printed Name)	(Capacity)