# T00003678

## Florida Department of State

Division of Corporations Public Access System

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ACCOUNT Name : C T CORPORATION SYSTEM

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### REGISTERED AGENT CHANGE

HMTF/OLYMPUS GP, INC.

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$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,	
the undersigned corporation organized under the laws of the submits the following statement in order to change its registed the State of Florida	
the State of Florida.  1. The name of the corporation: HMTF/OLYMPUS GP, INC.	
2. The mailing address of the corporation : _5080 Spectrum Driv	e, SZte 1050 E. Addison, Tx 75001
3. Date of incorporation/qualification: July 15, 1997	Document number: F97000003678
4. The name and address of the current registered agent and o	ffice:
Corporation Service Company	
1201 Haya Street	Programme
Taliabassee, FL 32301-2525	至
5. The name and address of the new registered agent (if chang (P. O. Box Not Accept	
CT Corporation System	
c/o C T Corporation System, 1200 South Pine Island	Roed
Plantation, Florida 33324	
The street address of its registered office and the street addressent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by it authorized by the board.	s board of directors or by an officer so
Kenin Keiber	1/28/03
(Signature of an officer, chairman of vice chairman of the board)  REUT KILAY	(Date)
(Printed or typed name and title)	· · · · · · · · · · · · · · · · · · ·
Having been named as registered agent and to accept servic corporation, I hereby accept the appointment as registered a little agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	e of process for the above stated seent and agree to act in this capacity. elative to the proper and complete the obligation of my position as
By:	1/28/03
(Signature of Registered Agent) Michael E. J. Assistant Sect	(Date)
If signing on behalf of an entity:	·
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.0	0 * * *
DIVISION OF CORPORATIONS F.O. Box 6327	The state of the s
District of Concounting P.O. BEX 6327	TALLAHASSEK FL 32414

P.O. Box 6327

TALLAHASSES, FL 32314

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