## 二98000003670



ACCOUNT NO. :

072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 14, 2002

ORDER TIME : 2:39 PM

ORDER NO. : 469712-435

CUSTOMER NO: 5168212

CUSTOMER: Ms. Jane Nutson

Ubs Ag

677 Washington Boulevard

Stamford, CT 06901

CHANGE OF AGENT

NAME: UBS AG

200005170612--3

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon C. Coulliste MAR 2 6 2002

## 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 ofSwitzerland
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 : UBS AG doing business in Florida as UBS AG MIAMI AGENCY
2. The mailing address of the corporation : c/o Corporation Service Company
1201 Hays Street, Tallahassee, FL 32301
3. Date of incorporation/qualification: 06/25/1998 Document number: P98000003670
4. The name and address of the current registered agent and office:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Sarah M. Starkweather
Director equivalent to Asst. Secretary  (Printed or typed name and 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 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Carol R. Dolor, Asst. V.P. (Typed or Printed Name) (Capacity)
* * * FILING FFF • \$35.00 * * *
* * * FILING FEE: \$35.00 * * *  CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS