

AUTHORIZATION

ORDER DATE: September 27, 2001

COST LIMIT

ORDER TIME : 11:23 AM

ORDER NO. : 679044-005

CUSTOMER NO: 4805388

CUSTOMER:

Alan Hernandez, Esq

Verner Liipfert Bernhard 901 15th Street, N.w.

Suite 700

Washington, DC 20005-2301

CHANGE OF AGENT

NAME:

VERNER LIIPFERT BERNHARD

MCPERSON AND HAND CHARTERED

900004616219--5

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

__ PLAIN STAMPED COPY

CONTACT_PERSON: Ellyn Herndon

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

	the provisions of sections 607.0502, 617.0502		
	med corporation organized under the laws of the		
suomits the fi the State of F	following statement in order to change its regis Florida	tered office or register	ed agent, or both, in
_	of the corporation : VERNER, LIFFERT, BEF	rnhard, modherson an	D HAND CHARTERED
<u></u>			<u> </u>
2. The mailin	ng address of the corporation :_ 901 15th Stree	et, NW Ste 700, Washi	ington, DC 20005
3. Date of in	ncorporation/qualification: 07/24/1998	Document number:	F96000004250
4. The name	and address of the current registered agent and o		
	Jorge L. Lopez		
	200 South Biscayne Blvd. Ste 3100		SE SE
	Miami, FL 33131		CIVE
5. The name a	and address of the new registered agent (if chan (P. O. Box Not Accept	ged) and/or registered (table)	office (if changed):
	Corporation Service Company		To B
	1201 Hays Street		STAI
	Tallahassee, Florida 32301		SH 37
The street add	ldress of its registered office and the street addr inged, will be identical.	ress of the business off	ice of its registered
Such change authorized by	was authorized by resolution duly adopted by the board.	its board of directors o	r by an officer so
M	hichael H Nobel	9-	24-01
(Signatu	ure of an officer, chairman or vice chairman of the board)	(<u>r</u>	Date)
Michael	J. Roberts, President and Managir (Printed or typed name and title)	ng Attorney	
Having been corporation, I fürther agre performance registered ag	named as registered agent and to accept servi I hereby accept the appointment as registered ee to comply with the provisions of all statutes to of my duties, and Lam familiar with and accep- gent.	ce of process for the ai agent and agree to ac relative to the proper i of the obligation of my	bove stated t in this capacity. and complete position as
	asitsagent	9/18	18/01
	Offinature of Registered Agent)	(Date)	
lt signing on bel	ehalf of BRIAN COURTNEY, ASST. V.F		
/-	(Typed or Printed Name)	(Capacity)	
	* * * DII INC boo. egg	ህህ ት ት ት	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS