

1 : F98000005374

(Requestor's Name)

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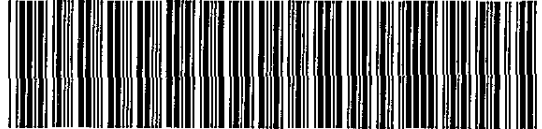
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ACCOUNT NO. : 072100000032
REFERENCE : 834765 7157369
AUTHORIZATION : *Patricia Pizant*
COST LIMIT : \$ 35.00

ORDER DATE : November 26, 2002

ORDER TIME : 2:49 PM

ORDER NO. : 834765-370

CUSTOMER NO: 7157369

CUSTOMER: Ms. Leticia Magana
Quanta Services, Inc.
1360 Post Oak Blvd
Suite 2100
Houston, TX 77056

CHANGE OF AGENT

NAME: SUMTER UTILITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon/ceh

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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUMTER UTILITIES, INC.

2. The principal office address: 1151 North Pike West

Sumter, SC 29153

3. The mailing address (if different): _____

4. Date of incorporation/qualification: September 24, 1998 Document number: F9800000574

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capitol Corporate Service, Inc.

1333 North Duval Street

Tallahassee, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 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, or the corporation has been notified in writing of the change.

Patricia Pizzuto
(Signature of an officer, chairman or vice chairman of the board)

Patricia Pizzuto, Attorney in Fact
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Maria S. Replogle
(Signature of Registered Agent)

11-25-02
(Date)

If signing on behalf of an entity:

Maria S. Replogle
as its agent

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314