



ACCOUNT NO.

072100000032

REFERENCE

440137

5019639

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 28, 1999

ORDER TIME: 10:08 AM

ORDER NO. : 440137-275

CUSTOMER NO:

5019639

800003043928

CUSTOMER:

Shella Lieberman, Legal Asst

Nine West Group Inc.

Nine West Plaza

1129 Westchester Avenue

White Plains, NY 10604-3529

CHANGE OF AGENT

NAME:

JONES MANAGEMENT SERVICE

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

C. COULLIETTE NOV 1 5 1999

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

Pursuant to the provisions of sec	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	nized under the laws of the State of Delaware
the State of Florida.	order to change its registered office or registered agent, or both, in
•	Jones Management Service Company
*	- Company
7. The mailing address of the same	200 Mark Ohlo Charles and
	pration is: 200 West 9th Street Plaza, Suite 200,
Wilmington, DE 19801	
3. Date of incorporation/qualificat	on: November 09, 1998 Document number: F98000006180
4. The name and address of the cur	rent registered agent and office:
C T Corporation	System
1200 South Pine	Island Road
Plantation, FL 3	3324
5. The name and address of the nev	v registered agent and office: (P. O. Box Not Acceptable)
	ice Company
1201 Hays Street	ORIE 1:
Tallahassee, Flo	
	office and the street address of the business office of its registered
agont, as changed, will be identical.	,
Such change was authorized by resauthorized by the board.	olution duly adopted by its board of directors or by an officer so
Visit Tom 10	, de clar
(Signature of an officer, chairman of	r vice chairman of the board) (Date)
Joseph E. B.	
Joseph T. Donnalley, Assis (Printed or typed r	ame and title)
I further agree to comply with the m	ent and to accept service of process for the above stated ointment as registered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as
By: Coeol & Dob	November 12, 1999
(Signature of Registered A	gent) (Date)
If signing on behalf of an entity:	
Carol K. Dolor (Typed or Printed Name)	Assistant Vice President
,	(Capacity) * * * FILING FEE: \$35.00 * * *
	TELLING FEE: \$35.00 " " "

CR2EO45(7/97)