F99000002349



ACCOUNT NO. :

072100000032

REFERENCE :

300867

4328094

AUTHORIZATION :

COST LIMIT

ORDER DATE: July 8, 1999

ORDER TIME : 11:20 AM

ORDER NO. : 300867-010

CUSTOMER NO: 4328094

700002935017--3

CUSTOMER: Ms. Jean Fowler

The Marmon Group, Inc. 225 West Washington St.

Chicago, IL 60606

CHANGE OF AGENT

NAME: ACUMED, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

C. COULLIETTE JUL 1 9 1999

CONTACT PERSON: Jeanine Reynolds

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

Pursuant to the provisions of sections 607.0502, 617.0502, 66		
the undersigned corporation organized under the laws of the Sta		· · · · · · · · · · · · · · · · · · ·
submits the following statement in order to change its registered	ed office or reg	istered agent, or both, in
the State of Florida.		
1. The name of the corporation is: Acumed, Inc.		
 The mailing address of the corporation is: <u>10950 S.W.</u> 	5th Street,	Suite 170
Beaverton, (OR. 97005	
3. Date of incorporation/qualification: May 4, 1999	Document nur	mber: <u>F99000002349</u>
4. The name and address of the current registered agent and office	ce:	
Ronald A.\Huebner	-	
		 ق
5757 Gulf of Mexico Drive, The	Shore Unit	208
Longboat Kev. F1. 34228-1713		
5. The name and address of the new registered agent and office:	(P. O. Box Not	Acceptable)
Corporation Service Company		
1201 Hays Street		To The
Tallahassee, Florida 32301		- OFF 5
The street address of its registered office and the street address agent, as changed, will be identical.		s office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	board of directe	ors or by an officer so $\frac{7/12/99}{}$
(Signature of an officer, chairman or vice chairman of the board)		(Date)
R. C. Gluth Vice President (Printed or typed name and title)		
Having been named as registered agent and to accept service of a corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent.	and agree to a ve to the proper	ct in this capacity. cand complete
By: Michelle D. Moury (Signature of Registered Agent)	7-15	5-99
(Signature of Registered Agent)	(Date)	5-99
If signing on behalf of an entity:	•	
Michelle D. Mowry (Typed or Printed Name)	Authorized	Representative
,		icity)
* * * FILING FEE: \$35.00)***	

CR2EO45(7/97)