

F99000003121

Requester's Name

Address

City/State/Zip

Phone #

600004638126-9
-10/16/01-01028-002
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
01 OCT 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials
T BROWN OCT 18 2001

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 of Delaware 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 is: GAB Robins Insurance Investigation Services, Inc.

2. The mailing address of the corporation is: 9 Campus Drive, PO Box 316, Parsippany, New Jersey 07054

3. Date of incorporation/qualification: 6/17/99 Document number: F99000003121

4. The name and address of the current registered agent and office:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, Florida 32301

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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)
Thomas M. Jackson
Thomas M. Jackson, Corporate Secretary
(Printed or typed name and title)

9/28/01
(Date)

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)
9/28/01
(Date)

If signing on behalf of an entity:

Greg SHERMAN Assistant Secretary
(Typed or Printed Name) (Capacity)

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