F99000003467



REFERENCE

840220

4332209

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: September 22, 2000

ORDER TIME :

1:29 PM

ORDER NO. : 840220-100

CUSTOMER NO:

4332209

900003407049--1

CUSTOMER: Ms. Joanne Drogemuller

The Thomson Corporation

One Station Place

Metro Center

Stamford, CT 06902

CHANGE OF AGENT

NAME:

BASELINE FINANCIAL SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds EXT 1133

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 New York
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: BASELINE FINANCIAL SERVICES, INC.
2. The mailing address of the corporation is: Cla Privack, 1000 Winter Street,
Suite 4300N, Waltham, -MA 02154-1248
3. Date of incorporation/qualification: New York Document number: F99000003467
4. The name and address of the current registered agent and office:
C T Corporation System SYSTEM
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
A Did a
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
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.
By: Journ 5 Am 4 9/24/00 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Louise B Smith
(Typed or Printed Name) Asst. Vice President (Capacity)
(Capacity)
* * * FILING FEE: \$35.00 * * *

CR2EO45(7/97)