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C. Coullieus JUL 2 4 2005



ACCOUNT NO. : 07210000032

REFERENCE : 180480 5029779

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 23, 2003

ORDER TIME : 9:35 AM

ORDER NO. : 180480-145

CUSTOMER NO: 5029779

CUSTOMER: Carol S. Bruser

Federated Department Stores,

7 West Seventh St.

Cincinnati, OH 45202

CHANGE OF AGENT

NAME: ITRUST INSURANCE AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

Pursuant to th	ne provisions of sections 607.0502	2, 617.0502, 607.1508, or 617.1508, i	Florida Statutes,
this statement	of change is submitted for a corpor	ration organized under the laws of the	State of
Arizona	in order to change its reg	istered office or registered agent, or b	ooth, in the State
of Florida.			70 TA
1. The name of	f the corporation: ITRUST INSURANCE	CE AGENCY, INC.	2003
2. The principa	al office address: 1345 S 52nd St	reet	AHA I
Tempe, AZ	85284		214 SSER
3. The mailing	address (if different): 7 West Seve	enth St.	PM 3
Cincinnat	i, OH 45202	·	3: 2: ORIG
4. Date of inco	prporation/qualification: December	23, 1999 Document number: F99	000006632
	nd street address of the current regi artment of State:	stered agent and registered office on fi	le with the
	CT Corporation System		<u>.</u>
	1200 South Pine Island Road		_
	Plantation, FL 33324		_
6. The name a changed):	and street address of the new regi	istered agent (if changed) and /or reg	istered office (if
	1201 Hays Street	-	
		l mailbox NOT acceptable)	-
	Tallahassee, FL 32301		- .5 ·
The street add agent, as chan	ress of its registered office and the ged will be identical.	e street address of the business office	of its registered
Such change v authorized by	vas authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by been notified in writing of the change.	an officer so
(Signature of an offic	er, chairman or vice chairman of the board)	Laura R. Dunlap, Attorney in F (Printed or typed name and title)	act
I further agree performance of registered age office address, Corporation	e to comply with the provisions of of my duties, and I am familiar wit nt. Or, if this document is being f	gent and agree to act in this capacity, all statutes relative to the proper and the and accept the obligation of my possiled merely to reflect a change in the ation has been notified in writing of the (Date)	complete ition as registered
If signing on beh	alf of an entity:	_	
Carla Lohi	(Typed or Printed Name)	Assistant Vice President	
	(1) Shor of Etitited Marine)	(Capacity)	

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