THE UNITED STATES **CORPORATION**

ACCOUNT NO. : 072100000032

REFERENCE : 695453 7197172

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE: May 12, 2000

ORDER TIME : 12:49 PM

ORDER NO. : 695453

CUSTOMER NO: 7197172

CUSTOMER: Ms. Miriam Katz

National Financial Partners

1301 Avenue Of The Americas

30th Floor

New York, NY 10019

CHANGE OF AGENT

NAME: FDR FINANCIAL GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

300003304723--1

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 FLORIDA
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: FDR FINANCIAL GROUP, INC.
2. The mailing address of the corporation is: 1301 AVENUE OF THE AMERICAS, 30TH FLOOR
NEW YORK, NY 10019
3. Date of incorporation/qualification: 8/17/1983 Document number: G 56167
4. The name and address of the current registered agent and office:
ROBERT W. KRAMER
4000 HOLLYWOOD BLVD, STE 495 S
HOLLYWOOD, FL 33021
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 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.
Muin of 1/2 2000
(Signature of an officer, chairman or vice chairman of the board) (Date)
Millan Lo Cats Asst Saretars (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: Tabatha Fiorelli 62,100 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
TABATHA FIORELLI ASST VP (Typed or Printed Name) (Capacity)
(-)[
* * * FILING FEE: \$35.00 * * *

P. O. Box 6327

TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS