H20755

## NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, New York 10001

Telephone: (212) 356-8340

Internet Address: gerri350@aol.com

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October 11, 2002

Secretary of State of Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE:

ADP TotalSource Services, Inc. Change of Agent - Florida 300008375983--4 -10/15/02--01054--016 \*\*\*\*\*35.00 \*\*\*\*\*\*39.00

Dear Sir/Madam:

Enclosed please find Certificate of Change of Registered Office/Registered Agent on behalf of the above entity.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincepely,

Gerri Mirando Senior Specialist

Encls.

CHECK # 15695 Amounts 35

AA change Tilewis 10/10/00

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

		017.0302, 007.1308, or 017.1308, Floriaa Statutes,
this statement		tion organized under the laws of the State of ered office or registered agent, or both, in the State
of Florida.		
1. The name of	f the corporation: ADP TOTALSOUR	CE SERVICES, INC.
2. The principa	al office address: 10200 SUNSET DR	RIVE
	MIAMI, FLORIDA 33173	
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 9/13/84	Document number: H20755
	nd street address of the current registe artment of State: ELIZABETH J. MARSTON	ered agent and registered office on file with the
	10200 SUNSET DRIVE	
	MIAMI, FLORIDA 33173	TALL P
6. The name a changed):	NRAI Services, Inc.	ered agent (if changed) and /or registered roffice (if
	526 E. Park Avenue	
	(P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·
		treet address of the business office of its registered
Such change wanthorized by	vas authorized by resolution duly ad- the board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.
(Signature of an office	er chairman or vice chairman of the board)	ASST. Secy-ROBERT J. SINGER (Printed or typed name and line)
I hereby accep I further agree performance of registered age office address,	t the appointment as registered age, to comply with the provisions of all first duties, and I am familiar with the Or, if this-document is being file I hereby confirm that the corporati	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as ad merely to reflect a change in the registered on has been notified in writing of this change.
Stera	(Signature of Registered Agent)	10 4-0 2 (Date)
If signing on beha		
GERALDINE N	-	ASSISTANT SECRETARY
(Typed or Printed Name)		(Capacity)

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