H79448

CT CORPORATION SYSTEM

CORPORATION(S) NAME		2001 TALL
LMI Dissolution Corp.		AHA
0		FILED 2001 JUN 20 AM III: 48 SECRE PLAY OF STATE TALLAHASSEE, FLORID
		ORIDA ORIDA
() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
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Name Availability Document Examiner Updater	6/20/01	Order#: 4593295 100044324811 -06/20/0101018020 Ref#: *****35.00 *****35.00
Verifier W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

& CONTRAISE ANN 5 0 500)



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

-	502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under submits the following statement in order to ob-	hange its registered office or registered agent, or both, in
the State of Florida.	tunge in registered office or registered agent, or both, at
1. The name of the corporation: LMI Dis	solution Corp.
2. The mailing address of the corporation:	One Riverfront Plaza, Corning, New York, 14831
3. Date of incorporation/qualification: _4/25/	97 Document number: H79448
4. The name and address of the current register	ered agent and office:
Angell Corporate Services, In	SECH TALLA
250 Royal Palm Way, Suite 3	300 ARE JUN
Palm Beach, Florida, 33480	20 SEE
5. The name and address of the new registered	agent (if changed) and/or registered office (if changed):
(x. 5. 2	Box Not Acceptable)
CT Corporation System	& \tilde{
1200 South Pine Island Roa	ad
Plantation, Florida, 33324	
	I the street address of the business office of its registered
Such change was authorized by resolution duanthorized by the board.	uly adopted by its board of directors or by an officer so
11 0 01 -	. 1
(Signature of an officer, chairman or vice chairma	n of the board) (Date)
Denise A. Hauselt, Vice President and Secr (Printed or typed name and title)	
Having been named as registered agent and corporation, I hereby accept the appointmen I further agree to comply with the provisions performance of my duties, and I am familiar registered agent.	to accept service of process for the above stated at as registered agent and agree to act in this capacity. It is so fall statutes relative to the proper and complete with and accept the obligation of my position as
K. A. S. (Signature of Registered Agent)	6/15/01
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity: Keyly A. Sebunia	Assistant Socration
Kevin A. Sebinia (Typed or Printed Name)	(Capacity)

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

TALLAHASSEE, FL 32314