J 25187



ACCOUNT NO. :

072100000032

REFERENCE

: 166447

4391976

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: May 29, 2001

ORDER TIME : 10:02 AM

ORDER NO. :

166447

CUSTOMER NO:

4391976

200004339442---6

CUSTOMER: Ms. Barbara A. Catalano

J.s. Karlton Company, Inc.

15 Valley Drive

Suite 300

Greenwich, CT 06831

CHANGE OF AGENT

NAME:

CONTINENTAL ASSET MANAGEMENT,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

@ COULDETTE JUN 0 4 2001

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER:

SUPPLICIENCY OF FILING

St :01 IV t- NOC 1002

STATE OF THE STRANGE STORY

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 regi the State of Florida.	
1. The name of the corporation : CONTINENTAL ASSET MANA	GEMENT, INC.
2. The mailing address of the corporation: 15 Valley Dr.	ive, Suite 300, Greenwich, CT 06831
3. Date of incorporation/qualification: July 22, 1986	Document number: J25187
4. The name and address of the current registered agent and	office:
Allen J. Rapoport, Esq.	
999 Ponce De Leon Blvd., Suite 1110	ZOOI SEC
Coral Gables, FL 33134	AFE
5. The name and address of the new registered agent (if cha (P. O. Box Not Acce	
Corporation Service Company	PH 2: 03
1201 Hays Street	RET 03
Tallahassee, Florida 32301	·
The street address of its registered office and the street adagent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted be authorized by the board.	
John D Chew	5/22/01 (Date)
Signature of an officer, chairman or vice chairman of the board)	(Date)
John G. Skeen, Vice President	
(Printed or typed name and title)	
Having been named as registered agent and to accept ser corporation, I hereby accept the appointment as registere I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acceptstered agent.	ea agent and agree to act in this capacity. es relative to the proper and complete
(Signature of Registered Agent)	5/31/2001 (Date)
If signing on behalf of an entity:	.
Carol K. Dolor,	Asst. Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314