

ACCOUNT NO. : 072100000032

REFERENCE

004513

7165873

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: October 21, 1998

ORDER TIME : 9:51 AM

ORDER NO. : 004513

CUSTOMER NO: 7165873

300002671153--8

CUSTOMER: Ms. Konnie Smith

Opus U.s. Corporation 9900 Bren Road East

Minnetonka, MN 55343

CHANGE OF AGENT

NAME:

NORMANDALE FINANCIAL

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _

CERTIFIED COPY

__ PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

Florida Department of State, Sandra B. Mortham, Secretary of State

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

* 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	
State of Florida.	
1. The name of the corporation is: NORMANDALE FINANCIAL CORPO	DRATION
2. The mailing address of the corporation is: 5401 Corporate	Woods Drive, Suite 100
Pensacola, FL 32504	· · ·
3. Date of incorporation/qualification: DECEMBER 22, 1986 D	ocument number: J4999
4. The name and address of the current registered agent and office	
C T CORPORATION SYSTEM	23 E
1200 SOUTH PINE ISLAND ROAD	Fr. 2
PLANTATION, FL 33324	O ParNet A a see the See
5. The name and address of the new registered agent and office: (l	P. O. BoxNot Acceptable
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	<u></u>
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its bauthorized by the board.	poard of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Neil J. Rauenhorst, President	10/13/98
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	nt and agree to act in this capacity. tive to the proper and complete
Confirm 1	(m) 10 2
Cheryl L. Fartunato (Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Chend. L. Fortunato.	Asst V.P.
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)