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Susan A. Kozman
Trusts and Estate Department
Drafting Specialist
(954) 468-1707
kozmans@gtlaw.com

June 4, 2003

VIA FEDERAL EXPRESS

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: U.S. Imaging Solutions, LLC (Document No. L02000035770)
U.S. Imaging Supplies, LLC (Document No. L02000027800)

Ladies and Gentlemen:

Please find enclosed a Statement of Change of Registered Office and Registered Agent for each of the above-referenced Florida limited liability companies to be filed with the Florida Department of State. Also enclosed is a check in the amount of \$50.00 in payment of these filings.

Should you have any questions, please feel free to contact me at (954) 468-1707.

Sincerely,

Susan A. Kozman Legal Assistant

FBB/sak

Enclosures

cc: Michael R. Casey, Esq. (w/enc.)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limite	d liability company is:	U.S. Imagii	ng Solutions, LL	_C		
2. The mailing address of						
Fort Lauderdale, Florid						-
October 1, 2002			L02000025770)		
3. Date of filing/registration in Florida		4	. Document num	nber		
5. The name of the registe Florida Department of S	State: Michael R. Casey	Name		on the records	of th	ne
	515 East Las Olas E			-		-
Address Fort Lauderdale, Florida 33301		Ç	3	AIG.		
	City, State and Zip			03 JUN -5		
6. The name and address of	of the new registered ag	gent and/or of	īce:	-	2 <u>*</u>	유를 ~
	Sean C. Guerin					
	Name 6500 NW 21st Avenue				<u>구</u>	F STATI PORATI
	Florida street address	(P.O. Box No	OT acceptable)		ယ	ONS E
	Fort Lauderdale	_{FL} 33309				
	City, St	tate and Zip				
of the limited liability come confirmed that after the chand the business office of iability company, it is her he members of the limited he operating agreement of	tange or changes are mathe registered agent will be by confirmed that the dilability company or a f the limited liability co	ade, the Florical be identical change(s) was otherwise pompany.	la street address of	of the register	ed o	ffice
Signature of a member or authori	zed representative of a member	r)				
Sean C. Guerin						,
(Printed or typed name of signee)						
I hereby accept the appoisomply with the provision and I am familiar with an Chapter 608, F.S. Or, if the ladress, I hereby for Irm	s of all statutes relative d accept the obligations his document is being fi that the limited liability	gent and agree to the proper s of my positic iled to merely y company ha	e to act in this cap and complete pe on as registered a reflect a change s been notified in	pacity. I further formance of igent as proving the registe writing of the	ier a my ded red is ch	gree to duties, for in office ange.
(Signature of Registered Agent)		~ w				
Divicio	p of Carparations D (1 Roy (277	Tallahassaa El	22214		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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FILING FEE: \$25.00