M00000002675

(Re	questor's Name	e)
(Ad	dress)	
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(Cit	y/State/Zip/Pho	
(Bu:	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	





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FRICIENCY OF FILING

DIVISION TO STATE OF STATE OF



ACCOUNT NO. : 072100000032

REFERENCE : 969577

7170034

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 26, 2007

ORDER TIME : 9:56 AM

ORDER NO. : 969577-450

CUSTOMER NO: 7170034

CHANGE OF AGENT

NAME: MADISON POWER 2000, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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 limit	ed liability company	is: MADISON	POWER 2000, LLC		
2. The mailing address o	f the limited liability	company is:			
620 Liberty Avenue, 13th Flo	oor, Pittsburgh, PA 1522	2-2719			
•	<u> </u>				
December 22, 2000			M00000002675		
3. Date of filing/registrat	ion in Florida		4. Document nun	nber	
5. The name of the registresistance Florida Department of		gistered office	address as shown o	on the records of the	
	СТ	Corporation Syst	tem		
		Name			
1200 South Pine Island Road					
Address $\pm \omega$ 0.				75 O	
		lantation, FL 3332 ty, State and Z		FE - T	
		•	•	圣 二	
6. The name and address	of the new registered	d agent and/or	office:	38 5	
	Corpor	ation Service Con	npany	SEC P	
		Name		ا الله الله	
	1	201 Hays Street		OS W	
	Florida street addı	ress (P.O. Box	NOT acceptable)	Ö.F.	
	Tallahassee	FL	32301	V	
	City	, State and Zip)		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are the registered agent reby confirmed that nited liability compa	e made, the Flo will be idention the change(s) with any or as otherw	orida street address of cal. Or, in the case of was/were authorized	of the registered office of a Florida limited d by an affirmative vote	
(Signature of a member or author	ized representative of a me	mber)			
Maureen Cullen, Attorney In l	Fact				
(Printed or typed name of signee)					
I hereby accept the apportional to the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered s of all statutes rela d accept the obligate his document is bein that the limited liab	l agent and ag tive to the prop ions of my posi ag filed to mere ility company	ree to act in this caper and complete per tion as registered a ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	Michelle P. Vannov. Acc	ct Vice Precident			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00