

M020000001975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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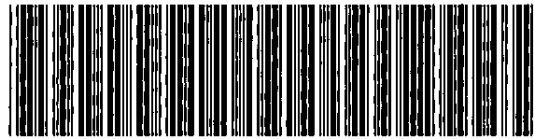
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 JUN 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 JUN 29 PM 2:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 197943 4320171

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25,000

ORDER DATE : June 22, 2006

ORDER TIME : 1:01 PM

ORDER NO. : 197943-050

CUSTOMER NO: 4320171

FILED
2006 JUN 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: MERCURY CLAIMS & ASSISTANCE
OF WISCONSIN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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 limited liability company is: MERCURY CLAIMS & ASSISTANCE OF WISCONSIN, LLC
2. The mailing address of the limited liability company is : 1039 Ellis Street, Stevens Point, WI 54481

July 29, 2002
3. Date of filing/registration in Florida

M02000001975
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

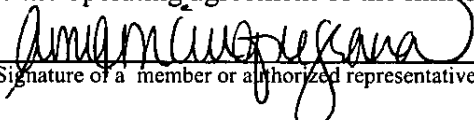
CT Corporation System
Name
1200 S. Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

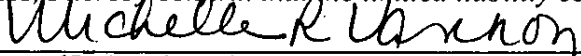
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Amy Cinquegrana Asst. Secretary of AIG Travel Services Inc., Member
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent) Michelle R. Vannoy, Asst. Vice President

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