M0300000192

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| () |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Littley Wallie) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| \sim 1 |
| |
| |
| 1 1 |
| |
| |

Office Use Only



400078367584



| | ACCOUNT NO. | : | 0721000000 | 32 | | ٥ | | |
|-----------------|------------------|--------|---------------|---------|--------------|--|---|--|
| | REFERENCE | : 1 | 74-46967 | 7163215 | 分は | 8 | • | |
| | AUTHORIZATION | 9 | multile n | ean | FC | OS AUG | | |
| | COST LIMIT | : | \$ 25.00 | - | 75°C | 000 | M | |
| ORDER DATE : | August 17, 2006 | | | | - | 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 0 | |
| ORDER TIME : | 12:27 PM | | | | | SALE. | | |
| ORDER NO. : | 317696-430 | | . | | | y | | |
| CUSTOMER NO: | 7163215 | | | | | | | |
| | | | | | | - | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: | THE GALE COMP. | ANY, | L.L.C. | | | | | |
| | THE FOLLOWING AS | PRO | OOF OF FILI | NG: | | | | |
| XX PLAIN | STAMPED COPY | | | | | | | |
| CONTACT PERSON | : Pamela A Wash | _ | | | | | | |
| | EX | AM I I | ER'S INITI | ALS: | | | | |

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: THE GALE COMPANY, L.L.C. 2. The mailing address of the limited liability company is: 100 Campus Drive, Suite 200, Florham Park, NJ 07932 January 21, 2003 M03000000192 3. Date of filing/registration in Florida 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: C T Corporation System Name 1200 South 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 City, State and Zip 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 of authorized representative of a member) ROGER W. THOMAS EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL (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. Heather Chapman (Signature of Registered Agent) as its agent

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