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ACCOUNT NO. : 072100000032

REFERENCE: 867940 4321296

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 20, 2002

ORDER TIME : 2:36 PM

ORDER NO. : 867940-620

CUSTOMER NO: 4321296

CUSTOMER: Roni Doolin, Legal Assistant

Alcoa Inc.

6603 W. Broad Street

Richmond, VA 23230

CHANGE OF AGENT

NAME:

AFL NETWORK SERVICES -

SOUTHEAST, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Ellyn Herndon

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	d liability company is	: AFL NETWOR	UK SERVICES-SO	OTHEAST, L.L.	c.	
2. The mailing address of	the limited liability of	company is :				
_	_					
2857 Gray Fox Road	., monroe, NC 2811		-	 		
December 1, 1997			M97000000800			•
3. Date of filing/registration	on in Florida		. Document nun	nber		
5. The name of the register Florida Department of S		istered office ac	ldress as shown o	on the records o	f the	
	C T Cor	rporation Sys	stem			
		Name		1	03	
	1200 Sout	h Pine Islan	d Road		ر	
		Address			JAN	1
		on, Florida			1	A CONTRACTOR OF THE PERSON ASSESSMENT
	City	, State and Zip		***	<u> </u>	
6. The name and address o	f the new registered	agent and/or of	fice:	5	PH 2:	
	Corporatio	on Service Co	ompany		02	
`		Name		y y Km	10	
	1201	Hays Street				
	Florida street addre	ss (P.O. Box N	OT acceptable)			- 4
_	Tallahassee	FL	32301			_
	City,	State and Zip	·			
If the limited liability components the change of the business office of the liability company, it is here the members of the limited the operating agreement of Lawa L. Du (Signature of a member or authorize	ange or changes are rethe registered agent we by confirmed that the liability company or the limited liability of the	nade, the Floric vill be identical e change(s) was as otherwise p company.	la street address of Or, in the case of some case of the case of t	of the registered of a Florida limi I by an affirmati	office ited ive vo	te of
Laura R. Dunlap, Atto. (Printed or typed name of signee) I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirmation of the conf		agent and agree to the proper as of my position filed to merely the 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 rformance of m gent as provide in the registere writing of this	agree y duti d for i d offic chang	e to es, in ce ee.
(Signature of Registered Agent)	As its age	nt				

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

FILING FEE: \$25.00

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