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ACCOUNT NO. : 07210000032
REFERENCE: 180315 7383724
AUTHORIZATION: Patricia Pigito.
COST LIMIT : \$ 35.00
ORDER DATE : July 23, 2003
ORDER TIME : 10:01 AM
ORDER NO. : 180315-185
CUSTOMER NO: 7383724
CUSTOMER: Ms. Patsy Phillips Inroads, Inc. Suite 700 10 South Broadway St. Louis, MO 63102
CHANGE OF AGENT
NAME: INROADS/SOUTH FLORIDA, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Ellyn Herndon EXT# 1145 EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	ne provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement	of change is submitted for a corpora	tion organized under the laws of the State of
Florida	in order to change its regist	ered office or registered agent, or both, in the State
of Florida.		
1. The name o	f the corporation: INROADS/SOUTH FLO	ORIDA, INC.
2. The principa	al office address:	,
1111 Park	Centre Blvd., Suite 453, Miami,	FL 33169
3. The mailing	; address (if different):	<i>→</i> , , , , , , , , , , , , , , , , , , ,
		A.W. Phillips, St. Louis, MO 63400
4. Date of inco	orporation/qualification: 07/22/1993	Document number: N93000013288
	nd street address of the current register artment of State:	ered agent and registered office on file with the
	C T Corporation System	
	1200 South Pine Island Rd.	7
	Plantation, FL 33324	=/- · · · · · · · · · · · · · · · · · · ·
6. The name a changed):	and street address of the new regist	ered agent (if changed) and /or registered office (in
,	Corporation Service Company	
	1201 Hays Street (P.O. Box or personal m	nailbox NOT acceptable)
	Tallahassee, FL 32301	
The street add agent, as chan	ress of its registered office and the s ged will be identical.	treet address of the business office of its registered
		opted by its board of directors or by an officer so en notified in writing of the change.
Mean	duloy (Out	Theophilos Coulis, CFO (Printed or typed name and title)
I hereby accept further agree performance of registered age	of the appointment as registered age to comply with the provisions of all of my duties, and I am familiar with ent. Or, if this document is being file, I hereby confirm that the corporati	nt and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as ead merely to reflect a change in the registered ion has been notified in writing of this change. The property of the change of this change.
If signing on hel	(Signature of Registated Agent)	(Date)
If signing on beh		Page Wigo Progradont
Elva M. Shi	(Typed or Printed Name)	Asst. Vice President (Capacity)

* * * FILING FEE: \$35.00 * * *