

May-15-08

12:03pm

From: THE WILLIAMS LAW FIRM, PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 15 PM 2:23

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REGISTERED AGENT CHANGE

ISAACSON, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ISAACSON, INC.
2. The principal office address: 1805 Mount Pleasant Road, Villanova, PA 19085
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/17/2000 Document number: P00000027796
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Agents and Corporations, Inc.

300 Fifth Avenue South, Suite 101-330

(P.O. Box NOT acceptable)

Naples, FL 34102

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Barbara Dilshelmer
(Signature of an officer or director)

Barbara Dilshelmer
(Printed or Typed Name)

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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

John L. Williams
(Signature of Registered Agent)

5/15/08
(Date)

If signing on behalf of an entity:

John L. Williams, Vice President

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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