## P0000078892

(Requ	uestor's Name)			
(Addr	ess)			
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(City/State/Zip/Phone #)				
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PICK-UP	WAIT	MAIL		
(Busin	ness Entity Nan	ne)		
(Docu	ıment Number)	<del></del>		
Certified Copies	Certificates	of Status		
Special Instructions to Fil	ling Officer:			
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DEPARTMENT OF STATE OF CORPOR OF CORPOR FLORIDA

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SECRETARY OF SMIT

AND FLED

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ACCOUNT NO. : I2000000195						
REFERENCE : 061640 7232314						
AUTHORIZATION: Spullelena.						
COST LIMIT : \$ 35.00						
ODDED DATE . Tanyary 16 2012						
ORDER DATE : January 16, 2012						
ORDER TIME : 12:30 PM						
ORDER NO. : 061640-200						
CUSTOMER NO: 7232314						
CHANGE OF AGENT						
NAME: GLACIER/VERSANT CORP.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
COMEACE DEDCOM. Declar Delace Delace Delace						
CONTACT PERSON: Becky Peirce EXT# 2919						
FYAMTNED.						

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

statement of ch	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statut anized under the laws of the State of <u>Flor</u> stered agent, or both, in the State of Florid	rida	
1. The name of	the corporation: GLACIER/VERSA	NT CORP.		
2. The principa	l office address:			
1251 Ave.	of the Americas, 35th Floor, New	York, NY 10020		
3. The mailing	address (if different):			
4. Date of incom	ncorporation/qualification: 08/21/2000 Document number: P00000078892			
	artment of State:	agent and registered office on file with the	<b>;</b>	
	NRAI Services, Inc.	•		
	515 E. Park Avenue			
	Tallahassee, FL 32301		12 FE SECNI TALL/M	
6. The name an (if changed):	0 0	ent (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acceptab	le)	pro co	
	Tallahassee, FL 32301			
The street addr as changed wil	ress of its registered office and the stree I be identical.	et address of the business office of its reg	istered agent,	
Such change wauthorized by t	ras authorized by resolution duly adopt the board, or the corporation has been to	ed by its board of directors or by an offic notified in writing of the change.	er so	
Klau	ren Cashell	Maureen Cathell, Vice President		
/ (Signal	ture of an officer or director)	(Printed or typed name and title)		
of my duties, ai document is he corporation ha	t the appointment as registered agent a to comply with the provisions of all sto nd I am familiar with and accept the ol ing filed merely to reflect a change in t s been notified in writing of this chang ion Service Company	and agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered age the registered office address, I hereby con e.	eperformance int. Or, if this nfirm that the	
By:	w Mh	01/25/2012		
- <b>(</b> Si	ghature of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
Elizabeth A.	Dawson, Asst. Vice President			
(	Typed or Printed Name)			

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

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