

### THE STEPHAN COMPANY

Quality Hair Preparations for Men & Women Since 1897

1850 W. McNAB ROAD, FT. LAUDERDALE, FLORIDA 33309

Telephone (954) 971-0600 Fax (954) 971-0636

<u>( i</u>

September 4, 2001

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

\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Change of Registered Agent

Dear Sir or Madam:

Enclosed is check 6920 in the amount of \$35.00. Please change Clear Care Technologies' registered agent from CT Corporation to Clear Care Technologies.

Thank you for your assistance.

Javen Windhorst

Sincerely,

Karen Windhorst

Administrator



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 21, 2001

KAREN WINDHORST THE STEPHAN COMPANY 1850 W. MCNAB ROAD FORT LAUDERDALE, FL 33309

SUBJECT: CLEAR CARE TECHNOLOGIES, INC.

Ref. Number: P00000081979

We have received your document for CLEAR CARE TECHNOLOGIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Corporate Specialist

Letter Number: 801A00052784



#### THE STEPHAN COMPANY

Quality Hair Preparations for Men & Women Since 1897

#### 1850 W. McNAB ROAD, FT. LAUDERDALE, FLORIDA 33309

Telephone (954) 971-0600 Fax (954) 971-0636

September 26, 2001

Teresa Brown Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Clear Care Technologies, Inc.

Letter 801A00052784

Dear Ms. Brown:

Per your letter dated September 21, 2001, enclosed is a revised request to change the registered agent for Clear Care Technologies, Inc. The new registered agent is Peter Ferola.

If you need anything else, please let me know.

Kaun Windhorst

Sincerely,

Karen Windhorst Administrator

## 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, the undersigned corporation organized under the laws of the State of Florida
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 corporation: <u>Clear Care Technologies</u> , <u>Inc.</u>
2. The mailing address of the corporation: 1850 W. McNab Rd.
Ft. Lauderdale, FL 33309
3. Date of incorporation/qualification: \$\\ \frac{\gamma 5/00}{00}\) Document number: \$\frac{PDODOOS!979}{00}\$
4. The name and address of the current registered agent and office:
CT Corporation System 200 8
1700 S. Pine Island Rd.  Plantation, FL 33304  5. The name and address of the new registered agent (if changed) and/or registered office (if changed).  (P. O. Box Not Acceptable)
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)
_ Peter Ferola
1850 W. McNab Rd.
Ft. Lauderdale, FL 33309
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.
120/01
(Signature of an officer) chairman or vice chairman of the board) (Date)
Printed or typed name and title)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 duities, and I am familiar with and accept the obligation of my position as registered agent.
8/20/01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
PETER FEROLA VICE DRESIDENT (Typed or Printed Name) (Capacity)
(Types of Times Pane)
* * * FU INC FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314