



ACCOUNT NO. : 072100000032

REFERENCE :

635813 5052101

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 15, 1997

ORDER TIME :

9:56 AM

ORDER NO. : 635813-265

CUSTOMER NO:

5052101

CUSTOMER: Ms. Terri Alberhasky First Data Corporation

2121 North 117th Avenue

Omaha, NE 68164-3600

CHANGE OF AGENT

NAME: EMPLOYEE BENEFIT PLANS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

DIVISION OF CORPORATION

RA. Change

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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, tundersigned corporation organized under the laws of the State of DELAWARE	
submits the following statement in order to change its r State of Florida.	registered office or registered agent, or both, in th
1. The name of the corporation is: EMPLOYEE BENEF	IT PLANS, INC.
2. The mailing address of the corporation is:	
3. Date of incorporation/qualification: 3/2/86	Document number:
4. The name and address of the current registered agent	and office:
C T CORPORATION SYSTEM 1200 SO. PINE ISLAND DRIVE PLANTATION, FL 33324	
5. The name and address of the new registered agent and CORPORATION SERVICE COMPANY	1 office: (P. O. Box Not Acceptable)
1201 HAYS STREET TALLAHASSEE, FL 32301	
The street address of its registered office and the stree agent, as changed, will be identical.	et address of the business office of its registered
Such change was authorized by resolution duly adopt authorized by the board.	ed by its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the boar	Dec. 10, 1997
THOMAS A. ROSSI ASST. SECRETARY	(Date)
(Printed or typed name and title) Having been named as registered agent and to accept corporation, I hereby accept the appointment as regis! I further agree to comply with the provisions of all states of my duties, and I am familiar with and registered agent.	(Date) service of process for the above stated tered agent and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as
Vicki Schreiber	12/24/97
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
VICKI SCHREIBER (Typed or Printed Name)	ASST. VICE PRESIDENT

CR2E045(3/96)