D I n g a	6
International Business Compa Attn: Drequester's Name Love ++	W.
101 Main St., Suite one Address	
<u>TOPPAN, NY 10983</u> City/State/Zip Phone #	<b>3000054914731</b> -05/08/0201036006 ******35.00 *****35.00
	Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 (Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4 (Corporation Name)	(Document #)
🔲 Walk in 🛛 Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>
OTHER FILINGS	REGISTRATION/QUALIFICATION
<ul><li>Annual Report</li><li>Fictitious Name</li></ul>	<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> <li>A</li> <l< td=""></l<></ul>
	K. A. Charge Examiner's Initials LFJ

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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, the undersigned corporation organized under the laws of the State of New York 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 : ICON SECURITIES CORP.

2. The mailing address of the corporation : 111 Church Street, White Plains, NY 10601

3. Date of incorporation/qualification: July 18, 1986 Document number: P10826

4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)? (P. O. Box Not Acceptable)

NRAI Services, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

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.

(Signature of an	officer, chairman	n or vice chairman of t	he board)

stered Agent)

Thomas W. Martin, Vice President

(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 complete 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 NRAL Services Inc.

March 19, 2002 (Date)

If signing on behalf of an entity:

ignature

Mark H. Schaeffer

(Typed or Printed Name)

Asst Secy of NRAI (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

March 20, 2002

ORATIONS