



Florida Department of State

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Division of Corporations

Fax Number : (850)205-0380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

BURT HILL KOSAR RITTELMANN ASSOCIATES, INC.

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4/20/2005

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

		ections 607.0502, 6					tes,
this statement of	hange is submi	itted for a corporati	on organized und	er the laws of ti	he State o	f .d 5	4
	in order to	o change its registe	red office or regu	sterea agent, oi	r oom, in	ine si ≥⊆	S
of Florida.		M 21277 (Fam.)	. Bili-7 8	fræme To		¦-: ⊳->:::	7
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2. The principal o	ffice address:	400 Morgan Cen	ter: 101 E. Di	smond Street		SET.	ŏ
		Butler, PA 16	001			HC	3
3. The mailing ad	dress (if differe	nt):				FS	ب
						ATE	40
4. Date of incorpo	ration/qualifics	ition: 7/29/87	Docum	ent number:	P15381		
Florida Departi		F the current register	red agent and regis	stered office on	file with	the	
	<u>, Y</u>	_ 			,		
	13099 South	Cleveland Ave, S	Suite 500		<u></u>		
	t. Myers. Fl	L 33907					
6. The name and changed):	street address	of the new register C T Corporat	- ,	ged) and /or re	gistered	office	(lf
		C I Colputa	in harm				
		e/o C T Corpor					
	1200 8	(P.O. Box or possess mail onth Pine Island Road		13324			
The street address agent, as changed	of its registere	d office and the str			of its re	gistere	d
Such change was authorized by the	outhorized by moond, or the co	esolution duly ador orporation has been	ited by its board o notified in writin	f directors or b g of the change	y an offi :.	cet so	
Signature of an others, ca		is of the board)	Lois M. Roth,	Corporate S	ecretar	<u>Y</u> _	
I hereby accept the I further agree to a performance of my registered agent. office address, I ha	e appointment a comply with the cauties, and I a Or, if this docu creby confirm to	as registered agent t provisions of all s im familiar with an ment is being filed hat the corporation	and agree to act tatutes relative to d accept the oblig merely to reflect to thas been notified	in this capacity the proper and tation of my po a change in the i in writing of i). d complet sition as register this chan	te ed ge.	
By: CTCs	poration System		4/2	3/05			
	ture of Registered Age	JAMES	M. NEWSOME	(Date)		_	
If signing on behalf of	en entity:	,	ssistant Secretary				
(Type	oc Printed Name)	-		(Capacity)			

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