P18828

(Requestor's Name)
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PICK-UP WAIT MAIL
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2004 JUN 14 AM IO: 31

R.A. Charge Cg 6-17-04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Tri-Arc Financial Services, Inc. (Name of corporation)	_
· · · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER: P18828	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Attn: Ruth Swanson	
(Name of person)	
Incorp Services, Inc.	
(Name of firm/company)	
607 5 S. Eastern Avenue, Suite 100 (Address)	
·	
Las Vegas, NV 89119	
(City/state and zip code)	
For further information concerning this matter, please call:	
Ruth Swanson / Incorp Services, Inc. at (702) 866-2500 (Name of person) (Area code & daytime telephone number	r)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tollohasses FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tollohasses FL 32314	

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

	-	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this sta	•
	<u></u>	zed under the laws of the State of Delaware gent, or both, in the State of Florida.	in order
,	,		
1. The name of	the corporation: Tri-Arc Fina	ncial Services, Inc.	
2. The principal	office address: 983 Old Eag	le School Rd, Suite 616	
Wayne, PA	19087 US		<u> </u>
3. The mailing a	address (if different); P.O. Bo	ox 6745	
Wayne, PA	19087 US		
4. Date of incor	poration/qualification: 04/14/	1988 Document number: P18828	
	f street address of the current truent of State:	registered agent and registered office on file with the	
	Corporation Service Compa	any	∓ •
	1201 Hays St.	₹.	21
	Tallahassee, FL 32301		NOT 1002
		H.	₹
6. The name and (if changed):	I street address of the new reg	istered agent (if changed) and /or registered office	-
	Incorp Services, Inc.	FLO FLO	S C
	103 North Meridian Street	RIDA	ည
	(P.O. B	lox or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addrechanged will be	ess of its registered office and identical.	d the street address of the business office of its registered age	ent, as
Such change withe board, or th	as authorized by resolution de corporation has been notifi	uly adopted by its board of directors or by an officer so authed in writing of the change.	orized by
- Rul	C.M. Signature of an officer of director)	Richard C Maida, fresh	dent
I hereby accept I further agree duties, and I an being filed mer	-	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete performa e obligation of my position as registered agent. Or, if this de registered office address, I hereby confirm that the corporat	nce of my ocument is ion has
Karlaki	MILION	May 13, 2004	
	(Signature of Registered Agent)	(Date)	· · · · · · · · · · · · · · · · · · ·
If signing on be	half of an entity:		
Ruth Swanson		Chief Operating Officer	
	(Typed or Printed Name)	(Canacity)	

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