

CHARLES COYLE & COMPANY, INC. 826 Shadybrook Drive Marietta, GA 30066-6215

Phone: (800) 211-8645 Fax: (800) 211-8647

Date:

2-16-2001

Addressee:

FL - Secretary of State

Corporations

RE:

COM/NAV Realty Corp. (DE)

Statement of Change of Registered Agent/Registered Office

Enclosed are documents for filing on behalf of the above.

PLEASE RETURN EVIDENCE BY MAIL (envelope attached)

TO:

CHARLES COYLE & COMPANY, INC.

826 Shadybrook Drive

Suite B

Marietta, GA 30066-6215

Please call me on our toll free telephone number if there are any problems.

Sincerely,

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

submits the fo	ed corporation organized under the law illowing statement in order to change		agent, or both, in	
the State of Fi		CORD	- 4	
1. The name	of the corporation is: COM/NAV REALTY	CORP.	9/5	
2. The mailin	g address of the corporation is:1133_	19TH STREET, N.W.		
	Washii	NGTON, D.C. 20036	·····	
3. Date of inc	corporation/qualification:8-22-19	88 Document number:	P2056	
4. The name	and address of the current registered ag	gent and office:		
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION FL 33324			
5. The name	and address of the new registered agen	t and office: (P. O. Box Not Accer	otable)	
	NRAI Services, Inc.		,	
	536 E. PARK AVENUE			
The street ad	Tallahassee, Florida 32301 dress of its registered office and the s	treet address of the business office	ce of its registered	
agent, as char	iged, will be identical.		_	
Such change authorized by	was authorized by resolution duly add the board.	opted by its board of directors or	by an officer so	
		/	61	
例 (Signa	ture of an officer, chairman or vice chairman of the	e board) (D	Date)	
WALTER NAGEI	, VICE PRES. & GEN TAX COUNSEL			
	(Printed or typed name and title)			
Having been corporation, I further agre performance registered ag	named as registered agent and to acce I hereby accept the appointment as reg e to comply with the provisions of all s of my duties, and I am familiar with an ent.	nt service of process for the above istered agent and agree to act in the tatutes relative to the proper and c d accept the obligation of my posit	stated his capacity. complete tion as	
- NRA.	Services, Inc.	2-15-2001		
By:	(Signature of Registered Agent)	(Date)		
If signing on beh	alf of an entity:			
Charles A. Coyle			Assistant Secretary	
	(Typed or Printed Name)	(Capacity)		
	* * * FILING	FEE: \$35.00 * * *		
CR2EO45(7/97)				
	DIVISION OF CORPORATIONS P. O. 3	Box 6327 Tallahassee, FL 3	2314	