

ACCOUNT NO.

072100000032

REFERENCE

447266

300003035783

AUTHORIZATION

\$ 35.00 COST LIMIT

ORDER DATE: October 29, 1999

ORDER TIME : 11:13 AM

ORDER NO. : 447266-045

CUSTOMER NO:

167868A

CUSTOMER: Ms. Carol R. Mullis

First Union Corporation

One First Union Ctr

Legal Dept. - 31st Floor Charlotte, NC 28288

CHANGE OF AGENT

NAME:

EVEREN SECURITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Turner

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

the undersigne	he provisions of sections 607.0502, 617.0502, ed corporation organized under the laws of the S llowing statement in order to change its registe	tate of Delaware	·
suomus ine jo the State of Flo		erea office or registerous ag	go.i., o. oo.i.,
1. The name of	of the corporation is:	-	
2. The mailing	g address of the corporation is:		
3. Date of inc	orporation/qualification: February 28, 1990	Document number: P28	329
4. The name a	and address of the current registered agent and or	ffice:	4
	CT Corporation System		
	1200 South Pine Island Road	.AH	
	Plantation, FL 33324		
5. The name a	and address of the new registered agent and offic	e: (P. O. Box Not Accepta	
	Corporation Service Company		ည်း မွှ
	1201 Hays Street		∏E 55
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·	
The street add	dress of its registered office and the street addr ged, will be identical.	ress of the business office	of its registered
Such change vauthorized by	was authorized by resolution duly adopted by i	ts board of directors or by	an officer so
(00)	rol of mulli	. 10/2	6/99
	ure of an officer, chairman or vice chairman of the board) Mullis, Vice President	Date	· ·
CWEUL K.	(Printed or typed name and title)		
corporation, I	named as registered agent and to accept service hereby accept the appointment as registered ag e to comply with the provisions of all statutes rel of my duties, and I am familiar with and accept t ent.	ent and agree to act in this ative to the proper and con	capacity. nplete
	Service Company	, 16/3/99	
BY. WYX MAL	(Signature of Registered Agent)	(Date)	
If signing on beha	alf of an entity:		
DEBORAH D. S	KIPPER (Typed or Printed Name)	Assistant Vice Pres (Capacity)	ident
	•	` •	
	* * * FILING FEE: \$35	.UU * * *	
CR2EO45(7/97)			

P. O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314