94000024929



ACCOUNT NO.

072100000032

REFERENCE

590030

7182187

AUTHORIZATION

COST LIMIT

ORDER DATE: February 15, 2000

ORDER TIME : 2:01 PM

ORDER NO: : 590030

600003141936

CUSTOMER NO: 7182187

CUSTOMER: Mr. Robert Feingold

Top Driver Inc.

140 Sylvan Avenue 3rd Floor

Englewood Cliff, NJ 07632

CHANGE OF AGENT

NAME: 1-888-TRAFFIC SCHOOL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

G. COULLIETTE FEB 2 1 2000

CONTACT PERSON: Angie Glisar

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 FLONIDA 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 is: 1-888-TRAFFIC SCHOOL, INC.
2. The mailing address of the corporation is: 105 ARBOR VIEW CT.
DATE VEDRA BEACH, PC 32082
3. Date of incorporation/qualification: 3/25/94 Document number: 9940000 24929
4. The name and address of the current registered agent and office:
KENNETH L. UNDERWOOD 105 ARBOR VIEW CT PONTE VEDRA BEAULY, FL 32082
105 ARBOR VIEW CT
JONER VEDRA BEAUTY, FL 32082
5. The name and address of the next registered agent and office: (P. O. Box Not Acceptable)
CORPORATION STRVICE COMPANY OF S
1201 HAYS STREET
IMLAHASSEE, FL 32301-2525
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 of by an officer so authorized by the board.
12/14/99
(Signature of an officer, chairman or vice chairman of the board) (Date)
Robert A. Festive and, U.V. (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 comply 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.
Provide H (1000) 2/16/00
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: ASISTAN + Secretary (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97) DIVESION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314