ACCOUNT NO.

072100000032

REFERENCE :

368189

5020169

AUTHORIZATION

ORDER DATE: December 13, 2001

ORDER TIME: 10:25 AM

ORDER NO. : 368189-545

CUSTOMER NO: 5020169

900004761839--3

CUSTOMER: Mr. Ben Jacolow

Amerimar Enterprises, Inc. 210 West Rittenhouse Square

Suite 1900

Philadelphia, PA 19103

CHANGE OF AGENT

NAME: GENOWA GP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER:

## 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 Florida	
submits the following statement in order to change its registered of the State of Florida.	
1. The name of the corporation: GENOWA GP, INC.	,
2. The mailing address of the corporation: 6361 Meetinghouse R	oad, New Hope, PA 18938
3. Date of incorporation/qualification: June 23, 1994 Do	ocument number: P94000047366
4. The name and address of the current registered agent and office:	
C T Corporation System	SEC 7
1200 S. Pine Island Road	
Plantation, FL 33324	
5. The name and address of the new registered agent (if changed) a (P. O. Box Not Acceptable)	F.S. <b>¥</b> • <b>O</b>
Corporation Service Company	ATE RDA
1201 Hays Street	
Tallahassee, Florida 32301	<u> </u>
The street address of its registered office and the street address of agent, as changed, will be identical.	f the business office of its registered
Such change was authorized by resolution duly adopted by its board.	
Wait Nall	12/21/2
(Signature of an officer, chairman or vice chairman of the board)	(Date)
OAUID 6 MAZSHALL V.P.  (Printed or typed name and title)	·
Having been named as registered agent and to accept service of a corporation, I hereby accept the appointment as registered agent further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent.	process for the above stated and agree to act in this capacity. ve to the proper and complete obligation of my position as
	1-8-2002
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
Carol K. Dolor	Assistant Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)