REFERENCE

780758

7197172

AUTHORIZATION :

COST LIMIT

ORDER DATE : July 28, 2000

ORDER TIME : 11:51 AM

ORDER NO. : 780758

CUSTOMER NO:

7197172

CUSTOMER: Ms. Miriam Katz

National Financial Partners 1301 Avenue Of The Americas

30th Floor

New York, NY 10019

CHANGE OF AGENT

NAME: UNISYN U.S., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

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 office or registered agent, or both, in	
the State of Florida.	
1. The name of the corporation is: UNISYN U.S., INC.	15 C 49 PL TVL : .
2. The mailing address of the corporation is: 1200 South Pine Island Road #100, Plantation, FL 33324	graansva ja –
3. Date of incorporation/qualification: December 15, 1995 Document number: 650635849	
4. The name and address of the current registered agent and office:	
Larry B. Schweiger	
1200 South Pine Island Road #100	
Plantation, FL 33324	,
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptation)	!
Corporation Service Company	
1201 Hays Street	1 .
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	1. " "
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, chairman or vice chairman of the board)	
(Date) (Date) (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.	
By: Daen Raint Best V.P 8-4-2000	
(Signature of Registered Agent) (Date)	-
If signing on behalf of an entity: Done HAESELD. ASST. V.P.	-
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

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