

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

: (850)224-1640

101821.9208

REGISTERED AGENT CHANGE

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	
2. The principal	office address: 62 WHITE STREET, 2ND FLOOR, NY, NY 10013	_
3. The mailing a	address (if different):	_
4. Date of incorp	poration/qualification: 04/22/1996 Document number: P96000034970	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	XL CORPORATE SERVICES INC	
	4435 OLD WINTER GARDEN RD., ORLANDO FL 32811	
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office CorpDirect Agents, Inc.	
	(P.O. Box NOT acceptable)	
	ess of its registered office and the street address of the business office of its registered agent, be identical. as authorized by resolution duly adopted by its board of directors or by an officer so be board, or/the corporation has been notified in writing of the change.	
	Arthur H. McGuire, Assistant Secretary (Printed or types Hame and title)	
hereby accept further agree to further agree to funy duties, an locument is bein corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
) ``	pusture of Registero (Agent) (Date)	
	Tadlock, Asst. Sec. ypod or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)