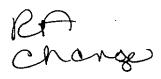
P9600042873

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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04 SEP 24 PM 12: 4

DR 9/24/04



ACCOUNT NO. : 072100000032	
REFERENCE : 899027 5071246	
AUTHORIZATION: Potricia Plant	
COST LIMIT : \$ 35.00	
ORDER DATE : September 23, 2004	
ORDER TIME : 10:45 AM	
ORDER NO. : 899027-050	
CUSTOMER NO: 5071246	
CUSTOMER: Melissa Gresham Urdang Capital Management, Suite 321 630 West Germantown Pike Plymouth Meetin, PA 19462	
CHANGE OF AGENT	_
NAME: ALLIED/STANLEY, INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY	
CONTACT PERSON: Susie Knight EXT# 2956	
EXAMINER:	-

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

statement of ch	<u> </u>	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Florida red agent, or both, in the State of Florida.
1. The name of	the corporation: ALLIED/STANLEY, II	IC.
2. The principa		Real Estate Advisors, 630 W. Germantown
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·
4. Date of incom	rporation/qualification: 05/20/1996	Document number: P96000042873
	d street address of the current registered ag artment of State:	ent and registered office on file with the
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name an (if changed):	d street address of the new registered agent	TARY CHASSE
	1201 Hays Street	PF ST
	(P.O. Box NOT acceptable)	ATE ARIDA
The street addr	ress of its registered office and the street at l be identical.	address of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Signa	ture of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statund I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
By SA	ion Service Company	September 23, 2004
1,3	ignature of Registered Agent)	(Date)
If signing on b	ehalf of an entity:	
Sylvia Quep	pet, Asst. Vice President	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)