

P 96000094952

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September 14, 1999

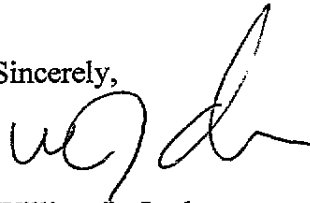
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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*****35.00 *****35.00

Enclosed please find a statement of change of registered agent's office for Finn Acquisitions, Inc. along with the required filing fee of \$35.00.

Please contact me at the number above if there are any questions regarding this matter.

Sincerely,



William L. Jordan

COLUMBUS/747981 v.01

RD Change
10-7-99
BVS

FILED
99 SEP 17 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PORTER WRIGHT MORRIS & ARTHUR LLP
Attorneys & Counselors at Law

Scott D. Reinke
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41 South High Street
Columbus, Ohio 43215-6194

Facsimile: 614-227-2100
Toll Free: 800-533-2794

October 4, 1999

Florida Department of State
Division of Corporations
Attn.: Mr. Doug Spitler
P.O. Box 6327
Tallahassee, FL 32314

Re: Reference Number P96000094952, Finn Acquisitions, Inc.

Dear Mr. Spitler:

Pursuant to our telephone conversation last week, I am enclosing a completed change of agent's address form which was sent back to our office by you requesting the agent's signature. As you will note, the form was filed only to have the address changed and not to change the name of the registered agent. Please file this document with the original filing date.

Thank you for your attention to this matter and if you should have any questions please feel free to contact me at the number above.

Sincerely,



Scott D. Reinke

COLUMBUS/753100 v.01

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DIVISION OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 23, 1999

PORTER WRIGHT MORRIS & ARTHUR
ATTN: WILLIAM JORDAN
41 SOUTH HIGH STREET
COLUMBUS, OH 43215-6194

SUBJECT: FINN ACQUISITIONS, INC.
Ref. Number: P96000094952

We have received your document for FINN ACQUISITIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spidler
Document Specialist

Letter Number: 899A00046625

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: Finn Acquisitions, Inc.

2. The mailing address of the corporation is: 1150 Chesapeake Avenue
Columbus, Ohio 43212

3. Date of incorporation/qualification: November 19, 1996 Document number: P96000094952

4. The name and address of the current registered agent and office:

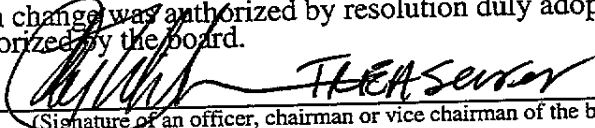
Mary Beth M. Clary, Esquire
c/o Porter, Wright, Morris & Arthur
4501 Tamiami Trail North, Suite 400, Naples, Florida 34103-3013

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

Mary Beth M. Clary, Esquire
c/o Porter, Wright, Morris & Arthur
5801 Pelican Bay Boulevard, Suite 300, Naples, Florida 34108-2709

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 or by an officer so
authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

8/30/99
(Date)

Philip W. ERICKSON Treasurer
(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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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99 SEP 17 PM 1:52
CLERK OF STATE
TALLAHASSEE, FLORIDA