

P97000064423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

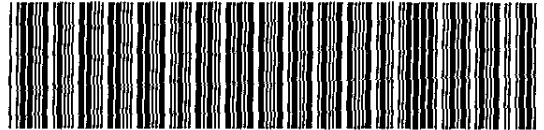
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
ALBANY, N.Y. 12224-0001

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R/A chg

dfm

11/13/03



**International Business  
Company Formation Inc.**

November 3, 2003

Florida Secretary of State  
Division of Corporations, Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Challenge Financial Investors Corp

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent, or Both. In this case, the company seeks to change both, its registered office and its registered agent.

I understand there is a \$35.00 filing fee for Challenge Financial Investors Corp. therefore I have included a check for \$35.00. Please return any evidence of the filing back to me in the enclosed self addressed envelope.

Should you have any questions, or if I can assist you in any way, please do not hesitate to call me at 1.888.664.6263

Sincerely,

Kimberley D. Vitale

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Challenge Financial Investors Corp  
(Name of corporation)

**DOCUMENT NUMBER:** P970000064423

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Vitale  
(Name of person)

International Business Company Formation  
(Name of firm/company)

101 Main Street, Suite One  
(Address)

Tappan, NY 10983  
(City/state and zip code)

For further information concerning this matter, please call:

Kim Vitale at ( 845 ) 398-0900  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Challenge Financial Investors Corp
2. The principal office address: 1301 Seminole Blvd., Suite 140 Largo, FL 33770
3. The mailing address (if different): 5370 West 95th Street Praire Village, KS 66207
4. Date of incorporation/qualification: 07/25/1997 Document number: P970000064423
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Harold Barian

1301 Seminole Blvd., Suite 140

Largo, FL 33770

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

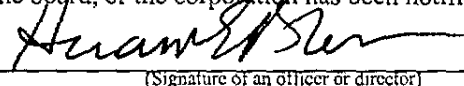
526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 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.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Hiram E. Blomquist VP/Secretary

(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Patrick J. O'Neill, Asst Secretary NRAI Services

by: 

(Signature of Registered Agent)

10/27/2003

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

FILED  
03 NOV -7 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA