> P9	7000	069	75	-
	ACCOUNT NO. REFERENCE AUTHORIZATION COST LIMIT	: 0721000000 : 603166 : <b>Fatricia</b> : \$ 35.00	32 	02 OCT -7 SECRETARIE
Pro 411	9:03 AM 603166-530	et	50000	ELORIDA FLORIDA 18246105
CERTIFI		INC.	G:	RECEIVER 02 OCT -7 M 4 35 DIVISION OF CURPORATION
	TAMPED COPY Troy Todd EX	T# 1140	-	DCT 07 2002

## 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 <u>Florida</u> 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 : PROGRESS DESAL, INC.

<u> </u>		······································	· <b>-</b> •
2. The mailing address	of the corporation : c/o Sharehold	ler Relations - 410 South Wilmington Street	_· ···
	PEB 1785 - Raleigh, NC 27601		- ·
3. Date of incorporation	Vqualification: 08/12/1997	Document number: p97000059754	2
	s of the current registered agent and		· -
Ann M.	_		
100 Cen	tral Avenue		·
St. Pet	ersburg, FL 33701-3324		
5. The name and addres	s of the new registered agent (if chan (P. O. Box Not Accep)	iged) and/or registered office (if changed):	
Corporat	ion Service Company	<u> </u>	
1201 Hay	/s Street	<u> </u>	
Tallahas	see, Florida 32301		
The street address of its agent, as changed, will l	registered office and the street add	ress of the business office of its registered	· · ·
		its board of directors or by an officer so	
Lama R.	Ding	10/2/02_ (Date)	
	r, chairman of the board)	(Date)	
Laura R. Dunlap, Attor (Print	ney in Fact ed or typed name and title)	<u></u>	
Having been named as r corporation, I hereby ac I further agree to compl performance of my dutie registered agent.		ce of process for the above stated agent and agree to act in this capacity. relative to the proper and complete of the obligation of my position as	
(Signature of	Registered Agent)	<u>10/4/82</u> (Date)	
If signing on behalf of an enti	Deborah D. Skipper		
(Typed or Pri	ated Name)	(Capacity)	
	* * * FILING FEE: \$35.0	00 * * *	
CR2E045(9/00) Division of Co	DRPORATIONS P.O. Box 6327	Tallahassee, FL 32314	