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ACCOUNT NO. : 072100000032 REFERENCE : 481535 5171034 AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: March 8, 2004 ORDER TIME : 9:36 AM ORDER NO. : 481535-005 CUSTOMER NO: 5171034 CUSTOMER: William G. Brown, Cfo Gregory Greenfield & 124 Johnson Ferry Road N.e. Atlanta, GA 30328 CHANGE OF AGENT GREGORY GREENFIELD & NAME: ASSOCIATES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Ellyn Herndon -- EXT# 2945 EXAMINER:

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

change is submi	provisions of sections 607.0502, 617.0502, o tted for a corporation organized under the l gistered office or registered agent, or both, i	aws of the State of Fl		this statement of in order
1. The name of t	the corporation: GREGORY GREENFIELD	& ASSOCIATES, INC	3.	
	office address: 124 Johnson Ferry Ro			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/10/1998	Document number:	P98000052060	
	I street address of the current registered ager tment of State:	nt and registered office	on file with the	
	C T Corporation System		<u> </u>	g 2
	1200 South Pine Island Road		Đ	五人
	Plantation, FL 33324		S	
6. The name and (if changed):	d street address of the new registered agent (Corporation Service Company	if changed) and /or regi	istered office	PASIATE A
	1201 Hays Street			_
	(P.O. Box or personal main	ibox NOT acceptable)		
	Tallahassee, FL 32301			<u></u>
The street addre	ess of its registered office and the street ad eidentical.	dress of the business of	office of its registe	ered agent, as
	as authorized by resolution duly adopted be e corporation has been notified in writing			
M	Signature of an officer or firector)	William G.		ice President
duties, and I an being filed mere	the appointment as registered agent and a to comply with the provisions of all statute in familiar with and accept the obligation of ely to reflect a change in the registered off writing of this change.	agree to act in this cap es relative to lhe prope of my position as regist fice address, I hereby o	pacity, or and complete p tered agent. Or, i confirm that the c	erformance of my I this document is orporation has
Corporation By:	Service Company M. M. M. (Signfanure of Registered Agent)	3	-8-04 (Date)	
Elva M. Shi If signing on be	pkowski, Asst. Vice President shalf of an entity:			
	(Typed or Printed Name)	<u> </u>	(Capacity)	<u></u>

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