DOCUMENT # P98000108117

1. Entity Name

IMR SUB A CORP.



Zip Country									
CLEARWATER FL 33758 CLEARWATER FL 33758 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Coy & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Degind Foe Required Foe Required To Name and Address of New Registered Agent Name MIRGLOBAL CORPORATION C/O GENERAL COUNSEL 100 SOUTH MISSOURI AVENUE CHITE-100 CLEARWATER FL 33758 Signatur, tiped or prived time of registered agent and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Status PATEL, DILIP Siness And Name ADDOMISOL VINNERT FL 33758 City Sines Additions City Sines City	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc. City & State Ci									
City & State Ci	Principal Place of Business 3. Mailing Address								
Zip Country 5. Certificate of Status Desired \$5.75 Addition \$5.75 Addition \$5.75 Addition \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Nam	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered Agent and the flagofocation of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 10. SOUTH MISSOURI AVENUE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 11. NAME 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ALORESS CITY-ST-ZP 12. ADDITIONS/CHANGES TO ALORESS CITY-ST-ZP 13. ADDITIONS/CHANGES TO ALORESS CITY-ST-ZP 14. CEARWATER FL 33756 15. CEARWATER FL 33756 16. CHANGES TO ALORESS CITY-ST-ZP 17. ST-ZP 18. THE ALORESS CITY-ST-ZP 18. ADDITIONS/CHANGES TO ALORESS CITY-ST-ZP 18. ADDITIONS/CHANGES TO ALORESS CITY-ST-ZP 18. ADDITIONS/C	City & Stat	e	City & State			4. FEI Number 59-35828	59	<u> </u>	oplied For ot Applicable
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MRGLOBAL CORPORATION C/O GENERAL COUNSEL 100 SOUTH MISSOURI AVENUE CUTTE 100 CLEARWATER FL 33758 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent and title if applications. SIGNATURE Systems, typed or prefer name of registered agent and title if applications. SIGNATURE Systems, typed or prefer name of registered agent and title if applications. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Florida. SIGNATURE Systems, typed or prefer name of registered agent, or both, in the State of Flo		6 Name and Address of Current	Pagistared Agent	J 	·	7 Name and Address of New			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	700	1117771211 1 2 307 30		City	•		FL	Zip Cod	е
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	40 11 1	partify that the information auntaliad with	a this filing class pat qualify fo	the everenties	atatad in Co.	etion 110 07/3VI). Florido Ctatuta	a I further cont	::	

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

727 467 8000