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<u>csc</u>			

ACCOUNT	NO.	:	072100000032

REFERENCE

4349124

AUTHORIZATION

COST LIMIT

ORDER DATE: July 10, 2002

ORDER TIME: 9:32 AM

ORDER NO. : 657278-955

CUSTOMER NO:

4349124

CUSTOMER: Megan Power, Paralegal

The Interpublic Group Of 1271 Avenue Of The Americas

44th Floor

New York, NY 10020

CHANGE OF AGENT

NAME:

THE NIXON GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

C. Coulliste JUL 3 0 2002

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER:

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

submits the f	gned corporation organized under the laws of the State of FLORIDA to following statement in order to change its registered office or registered	agent, or both, in
<i>the State of F</i> 1. The name	e of the corporation: THE NIXON GROUP, INC.	
1. Hit hame	e of the corporation	
2. The mailin	ling address of the corporation: 2800 BISCAYNE BLVD., 6TH FLOOR, MIAM	I, FL 33137
3. Date of in	incorporation/qualification: DECEMBER 7, 1990 Document number: s	17960
4. The name	e and address of the current registered agent and office:	PILED 2002 JUL 30 1
	BRIAN L. FINK, ESQ.	最にコ
	1700 ALFRED DUPONT BLDG., 169 EAST FLAGLER STREET	FILED A
	MIAMI, FL 33131	FES
5. The name	ne and address of the new registered agent (if changed) and/or registered off (P. O. Box Not Acceptable)	ice (if changed)
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, Florida 32301	
	address of its registered office and the street address of the business office hanged, will be identical.	
Such change authorized b	ge was authorized by resolution duly adopted by its board of directors or by the board.	by an officer so
•		2, 2062
(Signat	value of an officer, chairman or vice chairman of the board) (Date	;)
Freasu	LYEV STEPHEN RUSS EU (Printed or typed name and title)	=
Having been corporation, I further agn	en named as registered agent and to accept service of process for the about in, I hereby accept the appointment as registered agent and agree to act in gree to comply with the provisions of all statutes relative to the proper and ce of my duties, and I am familiar with and accept the obligation of my postagent. Maulle Maller Maller With and accept the obligation of my postagent.	n this capacity. d complete
	(Signature of Registered Agent) (Date)	
If signing on be	behalf of an entity:	
	Maureen Cullen, Asst. V.P. (Typed or Printed Name) (Capacity)	
	* * * FILING FEE: \$35.00 * * *	

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