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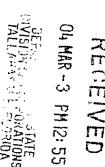
(Address) (Address) (City/State/Zip/Phone #)
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REFERENCE : 358285 53500B AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: December 12, 2003 ORDER TIME : 12:20 PM ORDER NO. : 358285-285 CUSTOMER NO: 53500B CUSTOMER: Ms. Suzanne M. Benevenga Fiserv, Inc. 255 Fiserv Drive P O Box 979 Brookfield, WI 53008-0979 CHANGE OF AGENT NAME: INSURANCE MANAGEMENT

- ACCOUNT NO. : 072100000032

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 2945

EXAMINER:

SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

	= = = = = = = = = = = = = = = = = = = =		1508, or 617.1508, Florida		
*	ittea jor a corporation oi gistered office or registei	=	of the State of Florida State of Florida.		in order
		_	•		
	the corporation: INSURA	•			
2. The principal	office address: 801 94	th Ave. North, Sa	aint Petersburg, FL	33702	
3. The mailing	address (if different):	2			
4. Date of incor	poration/qualification: At	ngust 21, 1991	ocument number: S7505	52	
	d street address of the cur rtment of State:	rrent registered agent an	d registered office on file	with the	
	Anthony R. Maran	do		<u>-</u> -	
	801 94th Ave. N			HASS	TIE
	Saint Petersburg	, FL 33702			M
6. The name and (if changed):	d street address of the ne	w registered agent (if ch	anged) and /or registered o	· (/)	
	Corporation Serv	ice Company			
	1201 Hays Street				
		(P.O. Box or personal mailbox N	OT acceptable)		
	Tallahassee, FL 3	32301			
The street addr changed will be	ess of its registered office identical.	ce and the street addres	s of the business office of	f its registered ag	gent, as
Such change w the board, or th	as authorized by resolut te corporation has been t	ion duly adopted by its potified in writing of th	board of directors or by a change.	an officer so aut	horized by
_Lay	Laura R. Dunlap, Attorney in Fact (Signature of an officer or director) (Printed or typed name and title)				
I hereby accept I further agree duties, and I an being filed mer been notified in	t the appointment as reg to comply with the prov n familiar with and acce ely to reflect a change is writing of this change.	istered agent and agre isions of all statutes re opt the obligation of my n the registered office o	e to act in this capacity, lative to the proper and co position as registered ag iddress, I hereby confirm	omplete perform ent. Or, if this c that the corpord	ance of my locument is ution has
- A	Service Company		5/-	2104	
CAM P	(Signature of Registered Agent)			(Date)	
If signing on be	ehalf of an entity:	Cynthia L. Hai as its agen			
	(Typed or Printed Name)		((Capacity)	

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