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ACCOUNT NO. : 072100000032 REFERENCE: 830555 7438748 AUTHORIZATION atricia lyuto COST LIMIT : \$ 35.00 ORDER DATE: August 2, 2004 ORDER TIME: 10:57 AM ORDER NO. : 830555-005 CUSTOMER NO: 7438748 CUSTOMER: Vincent Simko, Esq. Simko Law Firm 1087 Broad Street Bridgeport, CT 06604 CHANGE OF AGENT NAME: GRAYSON ASSOCIATES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Darlene Ward -- EXT# 2935 EXAMINER:

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

		0502, 617.0502, 607.1508,			
•	• •	nized under the laws of the		lorida	in order
to change its regis	tered office or registered	agent, or both, in the State	of Fioriaa.		
1. The name of the	e corporation: GR	AYSON ASSOCIATES, I	NC.		
2. The principal of	fice address: 802	2 Villa Avenue, Fai	rfield, CT	06825	(New Address)
3. The mailing add	lress (if different): P.C). Box 320238, Fair	field, CT	06825	
4. Date of incorpo	ration/qualification: 0	9/10/1991 Docum	ent number:	S79481	
5. The name and s Florida Departn		nt registered agent and regis	stered office on	file with the	
_	Nancy Grayson				
1171 N. Ocean Boulevard					
	Gulfstream, FL	33483			O4 AUI SECRE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					FILED O4 AUG -4 PH SECRETARY G FALLAHASSI F
_	Corporation Se	rvice Company			- 💯 😯
	1201 Hays Stre	et			206
	(Р.С). Box or personal mailbox NOT acce	ptable)		
_	Tallahassee, F				
		and the street address of the			
Such change was the board, or the	authorized by resolution corporation has been not	duly adopted by its board ified in writing of the char	d of directors on nge.	or by an officer	so authorized by
				ek. Presid	
I hereby accept the I further agree to duties, and I am being filed merely been notified in the Corporation By:	nature of an other of director) the appointment as regist comply with the provisifumiliar with and accept to reflect a change in the provision of this change. Service Central and accept the change in the change in the change in the change in the change.	ered agent and agree to a fors of all statutes relative the obligation of my posit the registered office addres	ct in this capac to the proper c ion as register	njirm inai ine c	performance of my if this document is
If signing on beh			U		
	L. Williams		Assistant	Vice Pres	<u>ident</u>

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