## 839072

## **CT** CORPORATION SYSTEM

CORPORATION(S) NAME			
Hammer, Siler, George Assoc	ciates, Inc.	TALLAHASSEE, FLORION	ŭ.
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

C. Coulliste 007 2 5 2001

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floria the undersigned corporation organized under the laws of the State of Georgia	la Statutes,
submits the following statement in order to change its registered office or registered agent, the State of Florida.	or both, in
1. The name of the corporation: Hammer, Siler, George Associates, Inc.	<del> </del>
2. The mailing address of the corporation: 8601 Georgia Avenue, Suite 1010, Silver Spring, MD 209	10
3. Date of incorporation/qualification: 12/28/76 Document number:	
4. The name and address of the current registered agent and office:	
George Dengler	2001 I SEC
508 Antioch Avenue	2001 OCT 25 SEURETAR) ALLAHASSI
Ft. Lauderdale, FL 33304	1.11
5. The name and address of the new registered agent (if changed) and/or registered office (if a (P. O. Box Not Acceptable)	104 S.I.Y S.
C T Corporation System	EF 54
c/o C T Corporation System, 1200 South Pine Island Road,	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its agent, as changed, will be identical.	registered
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board.	fficer so
(Signature/of an officer, chairman or vice chairman of the board)  (Date)	<u>/</u>
Nancy A. Castell Controller (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above state corporation, I hereby accept the appointment as registered agent and agree to act in this confirment agree to comply with the provisions of all statutes relative to the proper and complete formance of my duties, and I am familiar with and accept the obligation of my position registered agent.  C.T. Corporation System  By:	otete
(Signature of Registered Agent) () (Date)  Mark Diffenbaugh  If signing on behalf of an entity:	
CT Corporation Assistant Secretary (Typed or Printed Name) (Capacity)	
(Typed of Filmen Ivanie) (Capacity)	

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314