

P21387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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05/06/05--01031--007 **35.00

*Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 510
Boston, MA 02108
(617) 742-8484 Fax: (617) 742-8482*

May 3, 2005

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name(s): DFDS TRANSPORT (US), INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Colleen Barrett

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DFDS Transport (US), Inc. _____
(Name of corporation)

DOCUMENT NUMBER: P21387 _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne T. Cryan _____
(Name of person)

Bay State Corporate Services, Inc. _____
(Name of firm/company)

6 Beacon Street, Suite 510 _____
(Address)

Boston, MA 02108 _____
(City/state and zip code)

For further information concerning this matter, please call:

Suzanne T. Cryan _____ at (617) 742-8484 _____
(Name of person) (Area code & daytime telephone number)

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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DFDS Transport (US), Inc. _____

2. The principal office address: 100 Walnut Avenue, Suite 405 _____
Clark, NJ 07066 _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/21/88 _____ Document number: P21387 _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System _____
1200 S. Pine Island Road _____
Plantation, FL 33324 _____

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc. _____
2731 Executive Park Drive, Suite 4 _____
(P.O. Box or personal mailbox NOT acceptable)
Weston, FL 33331 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] _____ Soren Pedersen, Vice President _____
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.
by: [Signature] _____ 4/28/05 _____
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Suzanne T. Cryan _____ Assistant Secretary _____
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314