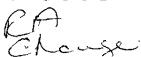
P94000057169

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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09/03/03--01008--005 **35.00



MOR 9/3/03

CT CORPORATION

September 2, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5910949 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Class Credit, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir Fulfillment Specialist Brigham_Weir@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to the p	rovisions of sections 607.05	302, 617.0502 , 607	7.1508, or 617.1508	, Florida Statutes,
•	orporation organized under . ing statement in order to ch a.	<u>•</u>		l agent, or both, in
1. The name of the	corporation : Classcredit, Inc.			
2. The mailing add	lress of the corporation: 642	O Southpoint Parkway	Jacksonville, FL 322	
3. Date of incorpo	oration/qualification: 8/2/94	D	ocument number: P	94000057169
4. The name and a	ddress of the current register	ed agent and office	: :	
Ed	ward P. Martinez			O3 SI
642	20 Southpoint Pkwy.			
Jac	ksonville, FL 32216	_		SEE 2
	ddress of the new registered	agent (if changed) ox Not Acceptable	_	fice (iffchanged): (
<u>C1</u>	Corporation System			9
<u>c/o</u>	C T Corporation System, 1200 S	outh Pine Island Road	i,	· •
Pla	ntation, Florida 33324			- m
	of its registered office and will be identical.			
_	authorized by resolution duboard. Matter n officer, chairman or vice chairman	<u>.</u> .	pard of directors or	_
` •	2 Office (Printed or typed name and title)	-		,
Having been name corporation, I her I fürther agree to performance of m registered agent.	ed as registered agent and t eby accept the appointment comply with the provisions y duties, and I am familiar y	as registered ager of all statutes relat	it and agree to act i tive to the proper ar	in this capacity. Ad complete
CT Corporation Sys	M. Lead		8-26-03	
(Sign Hiedi M. Liesch, Ass	ature of Registered Agent) t. Secretary	- '	(Date)	
If signing on behalf o	f an entity:			
Hiedi M. Liesch	ad or Printed Name)		Asst. Secretary (Capacity)	<u> </u>
(Typ	ed or Printed Name)		(Capacity)	

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