Filing Fee: \$20.00

ID Number: <u>88507</u>



Form No. 9 Revised 6/97

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Rhode Island:

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|------------|--|
| 1.         | The name of the corporation is: 545 South Main Street Associates, Inc.   |
| 2.         | The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  |
|            | 33 College Hill Road, Suite 20D, Warwick, R.I. 02886   |
| 3.         | The address of the NEW registered office is:   |
|            | 77 Rolfe Square, Cranston, R.I. 02910  |
| 4.         | The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  |
|            | Daniel K. Flaherty   |
| 5.         | The name of the NEW registered agent is:   |
|            | Gregory A. Madoian, Esq.   |
| 6.         | The change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the filing of this statement, or on  (a date not more than 30 days after filing this statement) |
| 7.         | The change was authorized by resolution duly adopted by its board of directors.  PAID  |
|            | JAN 1 2 1998  JAN 1 2 1998  SEC'Y OF STATE  BY  Main Street Associates, Inc.  (Name of Corporation)  BY  BY  MAIN STREET  (Name of Corporation)  |
| ST.        | ATE OF Rhodenel  |
| me<br>is t | In Force on this 9th day of TKN VAN, 1998, personally appeared before who, being by the first duly sworn, declared that he/she   |
|            | Notary Public 8/14/98  |
|            | My Commission Expires:   |