## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH,

OF

COPLEY DISTRIBUTORS, INC.
To the Secretary of State of the State of Rhode Island
Pursuant to the provisions of Section 7-1.1-12 of the General Laws, 1956, as (Insert "7-1.1-12" if a domestic corporation, or "7-1.1-107" if a foreign corporation.)
amended, the undersigned corporation, organized under the laws of the State of
Rhode Island, submits the following statement for the purpose of changing its
registered office or its registered agent, or both, in the State of Rhode Island:
FIRST: The name of the corporation is  COPLEY DISTRIBUTORS, INC.
SECOND: The address of its present registered office is  321 South Main Street, Providence, RI 02903
THIRD: The address to which its registered office is to be changed is 1800 Hospital Trust Tower, Providence, RI 02903
FOURTH: The name of its present registered agent is
Jonathan N. Savage
FIFTH: The name of its successor registered agent is  No. change
SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
SEVENTH: Such change was authorized by resolution x luby adopted by its beard of directors.  A copy of this Statement of Change of Registered Office of Registered Agent, or Both, has been mailed to the Corporation pursuant to Section 7-1.1-12(d) of the Rhode Island General Laws, 1956, as amended.
DatedApr(1 21,, 19_97
COPLEY DESTRIBUTORS. INC.
Ву
Its President Registered Agent
STATE OF Rhode Island
COUNTY OF Providence
At Providence in said county on this 21st day
of April 19.97, personally appeared before me
Jonathan N. Savage , who, being by me first duly sworn, declared that he
is the Registered Agent of COPLEY DISTRIBUTORS, INC.
that he signed the foregoing document as Registered Agent of the
corporation, and that the statements therein contained are true.
3PR X 1 1997
CC++ 63 / 183604
(NOTARIAL SEAL) 7 17 801 Burra dette a Fifra
BERNATIONE A FORMA
FORM 6 214. 1.3 7.4 (1881) 67. N. 30 30