

Filing Fee: \$20.00

ID Number: 89540



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

**LIMITED LIABILITY COMPANY**

**STATEMENT OF CHANGE OF RESIDENT AGENT  
OR ADDRESS OF RESIDENT AGENT, OR BOTH**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent or the address of its resident agent, or both, in the state of Rhode Island as follows:

1. The name of the limited liability company is:  
Combined Services Limited Liability Company
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
444 Westminister Street, Providence, RI 02903
3. The NEW address of the resident agent is:  
10 Weybosset Street, Providence, Rhode Island 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
Matthew Brannigan, Blue Cross Blue Shield
5. The name of the NEW resident agent is:  
CT Corporation System
6. The appointment of a new resident agent or the change of address of the resident agent, or both, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 11-30-01

Combined Services Limited Liability Company

Print Name of Limited Liability Company

Brian Thomas

Signature of Authorized Person

**FILED**

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