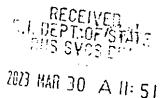


Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee



Pursuant to the provisions of RIGL 7-1,2-502 or 7-1,2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office ONLY in the State of Rhode Island: 1. Entity ID Number 2. Exact Name of the Corporation OMMON 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 006 Zip State City/Town **RHODE ISLAND** 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) City/Town State Zip RHODE ISLAND 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) A copy of this Statement has been mailed to the corporation (applicable when agent records statement). Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. Name of the Registered Agent/Officer of the Corporation Signature of the Registered Agent/Officer of the Corporation

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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