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To:

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
SILVERPOP SYSTEMS INC.

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COVER LETTER

FO: Amendment Section Division of Corporations
Silverpop Systems Inc
Name of Corporation
OCUMENT NUMBER:
he enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Nancy Johason
Name of Contact Person
IBM Corporation
Firm/Company
71 S. Wacker Drive, 20th Floor
Address
Chicago, 1L 60606
City/State and Zip Code
najohns@us.ibm.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
ancy Johnson 312 529-2929 at ()
Name of Contact Person Area Code & Daytime Telephone Numbe
nclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware
		or registered agent, or both, in the State of Florida.
I. The name of	of the corporation: Silverpop Systems	Inc.
2. The princip	pal office address: 200 Galleria Parkv	ray, Suite 1000, Atlanta, GA 30339
3. The mailing	g address (if different):	
4. Date of inc	orporation/qualification: 09/29/2003	Document number: F05000005602
	and street address of the current regi partment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Corporation Service Company	·
	1201 Hays Street	
	Tallahassee, FL 32301-2525	
6. The name a (if changed)		red agent (if changed) and /or registered office
•	C T Corporation System	·
	c/o C T Corporation System, 1200	South Pine Island Road
	P.O.	Box NOT acceptable
	Plantation, Florida 33324	
		street address of the business office of its registered again
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
an	hall Will	Michael C. Wilson, Socretary
	nute of an officer or director of the appointment as registered age to comply with the provisions of comply with the provisions of comply with the provisions of completes, and I am familiar with this document is being filed merely with the corporation has been no	Printed of typed name and title tent and agree to act in this capacity. till statutes relative to the proper and complete t and accept the obligation of my position as registered to reflect a change in the registered office address, I tifled in writing of this change.
CTC	poration Netem	6/11/14
<u> </u>	grante of Registered Agent	Dale
	HARE HAIRIHY:	
	stant Secretary	
	Typed or Printed Name	
	* * * FILIN	IG FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)