Division of Corporations Electronic Filing Cover Sheet

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(((H11000144679 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE

Account Number : I20080000054 Phone : (949)955-9585 Fax Number : (800)562-6504

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Rmail Address:

REGISTERED AGENT CHANGE ESCALATE, INC.

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Se Division of Co	ection rporations						
SUBJECT:	Escalat						
	Name of	f Corporation					
DOCUMENT NUMB	ER:F0	77000001162					
The enclosed Statemen	t of Change of Registered Of	fice/Agent and fee are submitted for filing	g.				
Please return all corres	pondence concerning this mat	tter to the following:					
	Emil	ly Lundie					
	Name of (Contact Person					
RedPrairle Corporation							
	Firm/	/Company					
		wenson Drive					
	A	ddress					
	•						
Waukesha, WI 53186							
	City/State	and Zip Code					
Emily.Lundie@RedPrairle.com							
E-n	nail address: (to be used for	r future annual report notification)					
For further information	concerning this matter, please	e call:					
	thrine Meer	at (800) 562-64 Area Code & Daytime Telephon	39				
Name o	f Contact Person	Area Code & Daytime Telephon	e Number				
Enclosed is a \$35,00 ch	eck made payable to the Dep	artment of State.					
	Mailing Address:	Street Address:					
	Amendment Section		Amendment Section				
	Division of Corporations						
	P.O. Box 6327	Clifton Building	1-				
	Tallahassee, FL 32314	2001 Executive Center Cit	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of ch	provisions of sections 607. ange is submitted for a corp er to change its registered o	oration organized	d under the laws of the Stat	e of Delaware	
1. The name of	the corporation: Escalat	e, Inc.			
2. The principa	l office address: 5505 Mo	rehouse Drive	, Sulte 300, San Dieg	o, CA 92121	<u> </u>
3. The mailing	address (if different):				
4. Date of incorporation/qualification: 2/27/2007 Do		Document number:	F07000001162		
	d street address of the curre		t and registered office on fi	ile with the	
	Corporation Service	Company			
	1201 Hays Street				
	Tallahassee FL 3230	O1 US			
6. The name an (if changed):	d street address of the new t	registered agent (i	f changed) and /or registere	ed office	
	NRAI Services, Inc.				
	2731 Executive Park				
	Weston, FL 33331	P.O. Box NOT so	septable		2: 28 1.50 1.50 1.50 1.50
The street add	ess of its registered office l be identical.	and the street add	fress of the business office	e of its registered ag	0.5
Such change wanthorized by	as authorized by resolution the board, or the corporation	n duly adopted by on has been notifi	y its board of directors or led in writing of the chang	by an officer so e.	
Jaw.	ure of air officer or director	 	Laura L. Fese	, Secretary	_
I hereby accept further agree of my duties, a document is be corporation ha	t the appointment as regist to comply with the provist nd I am familiar with and a ing filed merely to reflect a s been notified in writing o	ered agent and a ons of all statute. accept the obliga a change in the re of this change.			ance this the
	A		6/2/11		_ _
	enature of Registered Agent chalf of an entity:		Date		
	stellanos, Asst. Secret	агу			
	Typed or Printed Name				
	* * *	* FILING FEE:	\$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (\$/05)