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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	*******
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DIVISION OF CUMPORATION



ACCOUNT NO. : 072100000032

REFERENCE : 007285

AUTHORIZATION : Total

COST LIMIT : \$ 35.00

ORDER DATE : April 8, 2003

ORDER TIME : 9:41 AM

ORDER NO. : 007285-025

CUSTOMER NO: 7374584

CUSTOMER: Mr. Keith Hess

Signal Perfection Ltd.

Suite D-4

9180 Rumsey Road Columbia, MD 21045

CHANGE OF AGENT

NAME: SIGNAL PERFECTION LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to th	e provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.156	98, Florida	Statutes,	,
this statement of	of change is submitted for a corporati	ion organized under the laws of	the State of	•	
Maryland	in order to change its registe	ered office or registered agent,	or both, in	the State	?
of Florida.			ALL	.003	
1. The name of	the corporation: SIGNAL PERFECTION	N LTD., INC.	AHA	<u>₹</u>	_
2. The principa	l office address:		ပ္သား ' ပ္သား '	<u> </u>	급 =
9180 Rums	ey Road D-4, Columbia, MD 21045		inc.		j
3. The mailing address (if different):		LOX S IV-1			
			DA	ယိ	
4. Date of inco	rporation/qualification: 01/09/1995	Document number:	F950000001	127	
	nd street address of the current registe surtment of State:	red agent and registered office of	on file with t	the	
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name a changed):	nd street address of the new registe	red agent (if changed) and /or	registered of	office (if	F
,	Corporation Service Company	•••			
	1201 Hays Street (P.O. Box or personal ma	ilbox NOT acceptable)			
	Tallahassee, FL 32301		***		
The street addragent, as change	ress of its registered office and the st ged will be identical.	reet address of the business off	ice of its re	gistered	
Such change wauthorized by the	ras authorized by resolution duly add he board, or the corporation has bee			cer so	
(Signature of an office	r, chairman or vice chairman of the board)	Maureen Cullen, Attorney : (Printed or typed name and til	in Fact Ne)		
I hereby accep I further agree performance o registered age	t the appointment as registered agen to comply with the provisions of all f my duties, and I am familiar with a nt. Or, if this document is being filed I hereby confirm that the corporation	at and agree to act in this capa statutes relative to the proper and accept the obligation of my d merely to reflect a change in on has been notified in writing	city. and comple position as the register	ed	
- Myello	Signature of Registered Agent)	April 18, 2003 (Date)			
If signing on beha	lf of an entity:				
Elizabeth A.		Asst. Vice President	****		
(Typed or Printed Name) (Capacity)					

* * * FILING FEE: \$35.00 * * *