

ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: August 22, 2000

ORDER TIME : 3:15 PM

ORDER NO. : 807262-025

CUSTOMER NO: 7198113

CUSTOMER: Ms. Elaine Irish

Value-added Communications,

1601 N. Collins Blvd.

400003368194--7

Richardson, TX 75080

CHANGE OF AGENT

NAME:

VALUE-ADDED COMMUNICATIONS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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

Pursuant to the provisions of sections 607.0502, 617.0502	
the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regis	stered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation is: VALUE-ADDED COMMUNICATIONS, INC.	
2. The mailing address of the corporation is: 1601 N. COLL.	INS BLVD.
RICHARDSON, TX 75080	
3. Date of incorporation/qualification: April 13, 1990	Document number: P28942
4. The name and address of the current registered agent and	office:
CT Corporation System	
1200 South Pine Island Road	AHA F
Plantation, FL 33324	
5. The name and address of the new registered agent and off	fice: (P. O. Box Not Acceptable)
Corporation Service Company	F3 2 D
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the street ad agent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	(Date)
(
KERMIT D. HEATON, Vice President (Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered a further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	elative to the proper and complete
Corporation Service Company	AUGUST QQ , 2000
By: h (signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
DEBORAH D. SKIPPER	Assistant Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)