

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

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Division of Corporations  
 Fax Number : (850) 205-0380

**From:**

Account Name : C T CORPORATION SYSTEM  
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DIVISION OF CORPORATION

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 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**

**RESUN LEASING, INCORPORATED**

Certificate of Status	0
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*ELA chg  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Delaware in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: RESUN LEASING, INCORPORATED
2. The principal office address: 22810 QUICKSILVER DR, DULLES VA 20166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/07/1992 Document number: P40939

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

CONNOLLY, MICHAEL

4881 NW 69TH STREET

OCALA FL 34482

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

JAMES D SHEETS, SECRETARY  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By: [Signature]

(Signature of Registered Agent)

3/2/04

(Date)

If signing on behalf of an entity:

ANUSHA PUTY

(Typed or Printed Name)

VP

(Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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