F09000000686

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1/11/12



ACCOUNT NO. : 12000000195

REFERENCE: 054592 4701429

AUTHORIZATION

COST LIMIT

ORDER DATE: January 9, 2012

ORDER TIME : 10:52 AM

ORDER NO. : 054592-007

CUSTOMER NO: 4701429

CHANGE OF AGENT

NAME:

AMERICAN INSTITUTES FOR

RESEARCH IN THE BEHAVIORAL

SCIENCES

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of c	he provisions of sections 607.0502, 617.050 change is submitted for a corporation orga cder to change its registered office or regist	nized under the laws of the State of <u>I</u>	Pennsylvania
1. The name of	of the corporation: AMERICAN INSTITUTES	FOR RESEARCH IN THE BEHAVIORAL	SCIENCES INCORPORATEI
2. The princip	oal office address: 1000 Thomas Jefferso	on Street, SW, Washington DC 2	.0007
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 02/20/2009	Document number: F090000	000686
	and street address of the current registered a partment of State;	agent and registered office on file wit	h the
	NRAI Services, Inc.	, gr	* _ B
	515 E. Park Avenue	40)	2012年11
	Tallahassee FL 32301		器三二
6. The name a (if changed)	and street address of the new registered age:	nt (if changed) and /or registered offi	開口 三
	Corporation Service Company	·	
	1201 Hays Street		
	(P.O. Box NOT acceptable)	•
	Tallahassee, FL 32301		
_	ress of its registered office and the street ill be identical.		
Such change vauthorized by	was authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so
	ature of an officer or director)	Maureen Cathell, Vice Preside	
i juriner agree of my duties, d document is b corporation h	ot the appointment as registered agent an e to comply with the provisions of all stat and I am familiar with and accept the obl eing filed merely to reflect a change in th as been notified in writing of this change	nd agree to act in this capacity. Outes relative to the proper and com Digation of my position as registered We registered office address, I hereb Outer	plete performance l agent. Or, if this y confirm that the
By: S	tion Service Company	January 9, 2012	
(ignature of Registered Agent)	(Date)	
f signing on b	pehalf of an entity:		
Sylvia Quep	pet, Asst. Vice President		
	(Typed or Printed Name)		
	* * * FILING FE	EE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314