

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

CYBERNETICS & SYSTEMS, INC.

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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, 617.0503, 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: Cybernetics & Systems, Inc.	_
2. The principal office address: 500 Water Street J150, Jacksonville, Florida 32202	-
3. The mailing address (if different): Same	-
4. Date of incorporation/qualification: 11/10/1971 Document number: 827021	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Donna W. Melton	
500 Water Street J150	
500 Water Street J150  Jacksonville, Florida 32202  SECRETARY  AHASSE  SECRETARY  SECRET	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CT Corporation System 유급 및	
1200 S. Pine Island Road  (P.O. Box NOT acceptable)	
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.	
Donna W. Melton, VP & Corp Sec (Vrinted or Typed name and Itles)	
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 amifamiliar with and accept the obligation of my position as registered agent. Or, if this accument is being filed mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.	
2/5/07	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity: Peter F. Souza	
Assistant Secretary (Typed or Printed Name)	
(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 (8/05)	

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