847975

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ACCOUNT NO. : 072100000032

REFERENCE: 099691

7231473

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: May 20, 2003

ORDER TIME: 2:39 PM

ORDER NO. : 099691-050

CUSTOMER NO: 7231473

CUSTOMER: Ms. Nita O'neal

Radioshack Corporation

Suite 1700

100 Throckmorton Street Fort Worth, TX 76102

CHANGE OF AGENT

NAME: AMERILINK CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi

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

this statement		ion organized under the laws of the State of ered office or registered agent, or both, in the State
of Florida.		of the state of th
-	of the corporation: AMERILINK CORPORA	TION
2. The princip	al office address: Suite 200, 6526	W Campus Cval
New Alban	у, ОН 43054	
3. The mailing	g address (if different): PO Box 1643	
Fort Wort	th, TX 76101-1643	
4. Date of inco	orporation/qualification: January 16,	Document number: 847975
	nd street address of the current registe partment of State:	red agent and registered office on file with the
	CT Corporation System	
1200 South Pine Island Road		
	Plantation, FL 33324	
6. The name changed):	and street address of the new register	red agent (if changed) and /or registered office (if
ommeou).	Corporation Service Company	LEG JU
	1201 Hays Street (P.O. Box or personal ma	SECRETARY OF ALLLAHASSEE.
	Tallahassee, FL 32301	TO PA
The street add agent, as chan	ress of its registered office and the str ged will be identical.	reet address of the business office of its register 5
Such change vauthorized by	vas authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so
Signature of an office	er, chairman or vice chairman of the board)	Laura R. Dunlap, Attorney in Fact (Printed or typed name and title)
I further agree performance of registered age office address.	of my duties, and I am familiar with a control of this document is being filed, I hereby confirm that the corporation Service Company	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as I merely to reflect a change in the registered n has been notified in writing of this change.
\cup	(Signature of Registered Agent)	(Date)
If signing on behavior Jeanine Reyno		Assistant Vice President
	(Typed or Printed Name)	(Capacity)

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