## 851619

| (Requestor's Name)                      |                    |  |
|---|--------------------|--|
|   |                    |  |
| (Address)                               |                    |  |
|   |                    |  |
| (Address)                               |                    |  |
|   |                    |  |
| (City/State/Zip/Phone #)                |                    |  |
| (Oity/State/Lip/i Holle #)              |                    |  |
| PICK-UP W                               | AIT MAIL           |  |
|   |                    |  |
| (Business Entity Name)                  |                    |  |
|   |                    |  |
| (Document Number)                       |                    |  |
|   |                    |  |
| Certified Copies Cert                   | ificates of Status |  |
| · · · · · · · · · · · · · · · · · · ·   | <del></del>        |  |
|   |                    |  |
| Special Instructions to Filing Officer: |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |

Office Use Only

1



000045344670

SECRETARY OF STATE

NOT INTEREST
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DEPARTMENT OF STATE

DIVISION OF CORPORATI

ONE FER - 1 PM 12:

RA. Change

C. Omaliante FEB 0 1 2005



ACCOUNT NO. : 072100000032

REFERENCE: 160014 4303940

AUTHORIZATION :

COST LIMIT : \$ 35.00

\_\_\_\_\_\_

ORDER DATE : January 24, 2005

ORDER TIME : 11:29 AM

ORDER NO. : 160014-020

CUSTOMER NO: 4303940

CUSTOMER: Ms. Leslie Arnett

Holland & Knight Llp

Suite 4100

100 North Tampa Street

Tampa, FL 33602

## CHANGE OF AGENT

NAME: CGI-AMS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
YX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

## 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 statement of change is submitted for a corporation organized under the lo<br>in order to change its registered office or registered agent, or bo   | aws of the State of Delaware                        |
|--|---|
| 1. The name of the corporation: CGI-AMS Inc.   |   |
| 2. The principal office address: 4050 Legato Road, 8th Floor,  | Fairfax, Virginia 22033                             |
| 3. The mailing address (if different):   |   |
| 4. Date of incorporation/qualification: 01/16/82 Document  | number: 720346FBU                                   |
| 5. The name and street address of the current registered agent and register<br>Florida Department of State:  |   |
| CT Corporation System  |   |
| 1200 S. Pine Island Road   |   |
| Plantation, Florida 3324   |   |
| 6. The name and street address of the new registered agent (if changed) as (if changed):  Corporation Service Company  | FIL<br>B-J<br>TARY<br>KSSIT                         |
| 1201 Hays Street   | PH PH   |
| (P.O. Box NOT acceptable) Tallahassee, FL 32301  | **************************************              |
| The street address of its registered office and the street address of the las changed will be identical.   | ousiness office of its registered agent,            |
| Such change was authorized by resolution duly adopted by its board of authorized by the board, on the corporation has been notified in writing   | f directors or by an officer so<br>g of the change. |
| ACTEL  | David G. Masse, Assistant Corporate Secre           |
| I hereby accept the appointment as registered agent and agree to act i<br>I further agree to comply with the provisions of all statutes relative to<br>of my duties, and I am familiar with and accept the obligation of my po<br>document is being filed merely to reflect a change in the registered off<br>corporation has been notified in writing of this change. | in this canacity                                    |
| Corporation Service Company  By Control Oscillation Costober  (Signature of Registered Agent)  | 72004 1/24/05<br>(Date)                             |
| If signing on behalf of an entity:  Cynthia L. Harris  as its agent  |   |

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

(Typed or Printed Name)