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Division of Corporations Fax Number : (850)617-6380

From:

| Account Name | : PREMIER CORPORATE SERVICES |
|----------------|------------------------------|
| Account Number | : 120080000023 |
| Phone | : (651)225-9500 |
| Fax Number | : (651)225-9579 |
| | |

REGISTERED AGENT CHANGE



FORSEON CORPORATION

| Certificate of Status | . 0 |
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INC

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MAR. 24. 2009 9:20AM PREMIER CORP SERVICE

(((H09000068706 3))) 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 <u>Delaware</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Forseon Corporation

2. The principal office address:

350 Technology Parkway, Suite 200, Norcross, GA 30092

3. The mailing address (if different):____

4. Date of incorporation/qualification: 10/05/1982 Document number: 854276

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable) Weston, FL 33331

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.

of an officer or director)

Scot Kees, Vice President (Printed of typed name and bile)

NO. 0012

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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 orporation has been notified in writing of this change.

Registered Agent)

If signing on behalf of an entity:

Mellssa Hobbs, Asst. Secretary

(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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