

CT CORPORATION

B02000000059

CORPORATION(S) NAME

3) Innovex Support Services Limited Partnership

800005621228---7
05/28/02--01020--026
*****52.50 *****52.50

BK

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 MAY 28 AM 11:17

RECEIVED

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <hr/> | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/28/02

Order#: 5230979

File Second

Ref#: _____

Amount: \$ _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 28 PM 1:34

FILED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222-1092
Fax 850 222 7615

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

Innovex Support Services Limited Partnership

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

9. Name and address of General Partner is: ~~Innovex~~ ^{Innovex} America Holding Company, 10 Waterview Boulevard, Parsippany NJ 07054



(Signature of a General Partner)

Tom Perkins

(Typed or printed name of General Partner signing above)

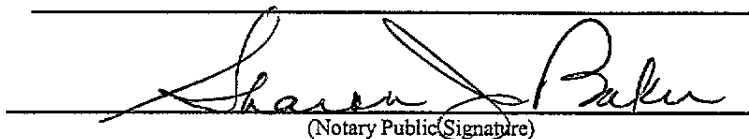
STATE OF North Carolina

COUNTY OF Orange

On this 22 day of May, 2002, Thomas C. Perkins
personally appeared before me,

☒ who is personally known to me

whose identity I proved on the basis of _____



(Notary Public Signature)

Sharon J. Baker

(Notary's Printed Name)

Seal

My Commission Expires: 3/16/05