## F00000001760



ACCOUNT NO. : 07210000032

7202610

COST LIMIT : \$ 35.00

ORDER DATE: May 23, 2002

ORDER TIME : 12:54 PM

ORDER NO. : 593582-015

CUSTOMER NO: 7202610

CUSTOMER: Kristin Balthaser, Paralegal

Quovadx, Inc.

6400 S Fiddler's Green Circle

Suite 1400

Englewood, CO 80111

## CHANGE OF AGENT

NAME: HIE, INC.

300006236003---4

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

C. Coulliste JUL 0 5 2002

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
•	ed corporation organized under the laws of the State of	
•	ollowing statement in order to change its registered office or registered agent, or both, in	
the State of Fl	of the corporation: HIE, INC.	
1. The hame o	FS	
_	g address of the corporation:	-
6400 So	Fiddlers Green Cr., Suite 1000, Englewood, Co 80111	
3. Date of inc	corporation/qualification: 03/23/2000 Document number: F000000 550 5	
4. The name a	and address of the current registered agent and office:	
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	
5. The name a	and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)	
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, Florida 32301	
The street add agent, as chan	dress of its registered office and the street address of the business office of its registered aged, will be identical.	
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so	
the	Mulut ( 6/04/02	
(Signatur	re of an officer, chalrman or vice chairman of the board)	
LINDA K. WACK	WITZ, ASST. SECRETARY	
Having been r corporation, l I further agree performance o registered age	(Printed or typed name and title) named as registered agent and to accept service of process for the above stated I hereby accept the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent.	
	Koma R D 7/3/02 (Signature of Registered Agent) (Date)	
If signing on beh	Laura D. Dunlan	-
	(Typed or Printed Name) (Capacity)	
	* * * FIT INIC PET. #25 00 * * *	

CR2E045(9/00)