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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number: 120080000023 Phone : (651)225-9500 Fax Number : (651)225-9579

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

SNArm-Cavendere Nisc-Coop

REGISTERED AGENT CHANGE

NATIONAL INFORMATION SOLUTIONS COOPERATIVE, INC.

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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 Colorado in order to change its registered office or registered agent, or both, in the State of Florido.
1. The name of the corporation: National Information Solutions Cooperative, Inc.
2. The principal office address: 3201 Nygren Drive NW, Mandan, ND 58554
3. The mailing address (if different): PO Box 728, Mandan, ND 58554
4. Date of incorporation/qualification: 6/23/2000 Document number: F00000003685
5. The name and street address of the current registered agent and registered office on file with the Plorida Department of State: (If resigned, enter resigned)
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI Services, Inc.
515 East Park Avenue
P.O. Box NOT acceptable
Tallahassee, FL 32301
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 repolution duly adopted by its board of directors or by an officer so authorized by the board, or the conformation has been notified in writing of the change. Vern Dosch, President & CEO Protector of the change of director of the change of the change.
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 affice address, I hereby confirm that the corporation has been notified in writing of this change. NRAI Services, Inc.
by: Signature of Registered Agent Bate
If signing on behalf of an entity:
Jackle Bernu, Assistant 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)