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R.A. Change

FEB 1 4 2005



ACCOUNT NO. : 072100000032

REFERENCE: 193957

AUTHORIZATION :

7450386

COST LIMIT : \$ 35.00

ORDER DATE: February 9, 2005

ORDER TIME : 9:19 AM

ORDER NO. : 193957-245

CUSTOMER NO: 7450386

CUSTOMER: Denise Ann Hauselt

Corning Inc.

One Riverfront Plaza

Corning, NY 14831

CHANGE OF AGENT

NAME: NSW SUBMARINE CABLE SYSTEMS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: DEBBIE SKIPPER

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

statement of ch	ange is submitted for a corpor	ation organi:	, 607.1508, or 617.1508, Florida zed under the laws of the State of red agent, or both, in the State of	Delaware	
1. The name of	the corporation: NSW SUBMAR	INE CABLE	SYSTEMS, INC.		
2. The principa					
4. Date of inco	rporation/qualification: 07/2	5/2000	Document number: F00000	0004175	
	nd street address of the current of State:	registered ag	ent and registered office on file w	vith the	
	C T Corporation Syste	ent	· · · · · · · · · · · · · · · · · · ·	_ FEC 05	
	1200 S. Pine Island R			FEB AHA	
	Plantation, FL 3332			FILE IL F SSEF	
6. The name ar (if changed):	d street address of the new reg	istered agent	(if changed) and /or registered or	FILED FEB IL PM 1: 02 CRETARY OF STATE LAHASSEE FILESTLY I I I I III	
	1201 Hays Street				
	(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
The street addr as changed wil	ress of its registered office and	l the street a	ddress of the business office of	its registered agent,	
Such change wauthorized by	vas authorized by resolution di the board, or the corporation b	uly adopted as been not	by its board of directors or by a ified in writing of the change.	n officer so	
Maureen Cullen, Attorney in Fact (Signature of an other or director) Maureen Cullen, Attorney in Fact (Printed or typed name and title)					
of my duties, a document is be corporation ho	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a cl is been notified in writing of th ion Service Company	s of all statu	agree to act in this capacity, tes relative to the proper and co gation of my position as register registered office address, I here	emplete performance ed agent. Or, if this eby confirm that the	
By Sylu-Clups		February 7, 2005			
	ignature of Registered Agent)		(Date)		
ii signing on b	ehalf of an entity:				
	pet, Asst. VP Typed or Printed Name)				
(13bog of 1 tituon table)					

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