Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

- . 120000000195 rnone : (850)521-1000 Fax Number : (850)555 Account Number : I2000000195

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

Email Address:

REGISTERED AGENT CHANGE PECO II GLOBAL SERVICES, INC.

والمتعادي والمتعادي والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية وا	
Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of chan	ge is submitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, this red under the laws of the State of Delaware ed agent, or both, in the State of Florida.	; 	
	e corporation: Peco II Global Service	•		
1. The name of th	ffice address: 601 Shiloh Road, Plano	TX 75074		
2. The principal o	ffice address;	, , , , , , , , , , , , , , , , , , , ,		
3. The mailing ad	dress (if different):			
4. Date of incorpo	oration/qualification: 12/29/2000	Document number: F0000007270		
5. The name and a Florida Departs		ent and registered office on file with the		
:	NRAI Services, Inc.			-
_	2731 Executive Park Drive, Suite 4) UU:
	Weston, FL 33331		發彩	7
6. The name and a (if changed):	street address of the new registered agent	(if changed) and /or registered office		AN 9.
	Corporation Service Company			7
	1201 Hays Street		Mark No.	
	(P.O. Box NOT acceptable)	_		
•	Tallahassee, FL 32301			
The street address as changed will b	s of its registered office and the street a se identical.	ddress of the business office of its registered	i agent,	
		by its board of directors or by an officer so ified in writing of the change.		
Ne	e of unfortheer or director)	Stephen J. Gilhooly, Vice President &	Sec.	
I hereby accept to I further agree to of my duties, and document is bein corporation has		(Printed or typed name and filte) I agree to act in this capacity, tes relative to the proper and complete perfo gation of my position as registered agent. O registered office address, I hereby confirm	rmance r, if this that the	
Bv: 17)	A R. MORTINIA	0106-16-01		
(Sign If signing on beh	and of Registered Agent) alf of an entity:	(Date)		
GRACE	E KIRD (pod 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)