F01000000007

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
ALLAHASSEE, FLORIF

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PICTORIAL INC.
(Name of corporation)
DOCUMENT NUMBER: F01000000007
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIM ROGAN
(Name of person)
THE BISYS GROUP, INC
(Name of firm/company)
3435 STELZER ROADD
(Address)
COLUMBUS, OHIO 43219
(City/state and zip code)
For further information concerning this matter, please call:
TIM ROGAN at (614) 428-3284
(Name of person) (Area code & daytime telephone number)
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status & Certificate of S

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F0100000007	SECR TALLA
(Document number of	Corporation (if known)
	NAC TO THE STATE OF THE STATE O
1. PICTORIAL INC	PA T
_ (Name of corporation as it appears on	the records of the Department of State)
2. INDIANA	3. 12/28/2000
(incorporated under laws of)	(Date authorized to do business in Florida)
	TION II TE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation, its jurisdiction of incorporation? 2/15/2001	when was the change effected under the laws of
-	
5. BISYS EDUCATION SERVICES INC. (Name of corporation after the amendment, adding suffix "corporation of contained in new name of the corporation)	tion," "company," or "incorporated," or appropriate abbreviation, if
6. If the amendment changes the period of duration, indica	ate new period of duration.
(New di	luration)
7. If the amendment changes the jurisdiction of incorporat	•
(New jur	risdiction)
(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hand a receiver, trustee, or other court-appointed fiduciary, by the fiduciary)	ds of nat
Kyndall J Potts	Tax Director- Officer
(Typed or printed name)	(Title)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF FACT

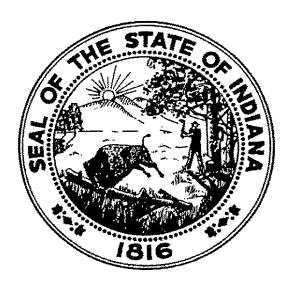
To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BISYS EDUCATION SERVICES INC.

Changed Their Name From PICTORIAL INC to BISYS EDUCATION SERVICES INC. on 02/15/2001



In Witness Whereof, I have hereunto set my hand and affixed the seal of the state of Indiana, at the City of Indianapolis, this Tuesday, July 30, 2002

Sue ann Lillag

SUE ANNE GILROY, Secretary of State

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