F0100001924

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only

RAIROChange 100 5/9/03



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|---|---------------------------------------|------------|
| SUBJECT: GLOBCOM, INC. | | | <u> </u> |
| | (Name of corporation) | | _ |
| DOCUMENT NUMBER: F01000 | 001924 | | _ . |
| The enclosed Statement of Change of | of Registered Office/Agent | and fee are submitted for | filing. |
| Please return all correspondence con | cerning this matter to the | following: | |
| SHERRY GALE | | | |
| (Name of person | on) | •• | |
| TCS CORPORATE SERVICES, INC. | | | |
| (Name of firm/com | npany) | | D3 HAY |
| 1720 WINDWARD CONCOURSE, ST | E 250 | | AN -2 |
| (Address) | | | LED 2 P |
| ALPHARETTA, GA 30005 | • | | ED 4: 00 |
| (City/state and zip | code) | · · · · · · · · · · · · · · · · · · · | 9 0 |
| For further information concerning t | this matter, please call: | , | Dr. O |
| SHERRY GALE | at (678) | 775-2250 | |
| (Name of person) | (Area code & | 775-2250 daytime telephone number) | _ |
| Enclosed is a \$35.00 check made pa | yable to the Department of | State. | |
| 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 | | |

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 ILLINOIS |
|----------------------------|--|
| the State of Fl | |
| 1. The name o | of the corporation is: GLOBCOM, INC. |
| _ | g address of the corporation is: |
| 2100 SANI | DERS ROAD, STE 150, NORTHBROOK, IL 60062 |
| 3. Date of inc | corporation/qualification: 4/5/2001 Document number: F01000001924 |
| 4. The name a | and address of the current registered agent and office: |
| | BROWN, MATT |
| | 10821 VENICE CIRCLE TAMPA, FL 33635 |
| | TAMPA, FL 33635 |
| 5. The name a | and address of the new registered agent and office: (P. O. Box Not Acceptable) |
| | TCS Corporate Services, Inc. |
| | 103 N. Meridan St. |
| | Tallahassee, FL 32301 |
| The street add | 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 board. |
| - La Cionatur | te of an officer, chairman or vice chairman of the board) (Date) |
| <u> </u> | (Date) |
| Olenn | Kotman CEO (Printed or typed name and title) |
| | named as registered agent and to accept service of process for the above stated if hereby accept the appointment as registered agent and agree to act in this capacity, et o comply with the provisions of all statutes relative to the proper and complete of modulies, and I am familiar with and accept the obligation of my position as each (Signature of Registered Agent) |
| lf signing on beh | • |
| Emest Ellis, | Vice President (Typed or Printed Name) (Capacity) |
| | (Capacity) |
| | * * * FILING FEE: \$35.00 * * * |

CR2E045(7/97)