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100R G/21/05



ACCOUNT NO. : 072100000032

REFERENCE :

602729

7107319

AUTHORIZATION:

COST LIMIT

ORDER DATE: September 19, 2005

ORDER TIME : 11:36 AM

ORDER NO. : 602729-310

CUSTOMER NO: 7107319

CUSTOMER: Jamie Newell

Bt Americas Inc.

Suite 5000

11440 Commerce Park Drive

Reston, VA 20190

CHANGE OF AGENT

NAME:

INFONET TELECOMMUNICATIONS

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo ler to change its registered office or regi	anized under the laws of the State	of Delaware
	the corporation: INFONET TELECOM		
	l office address:		
	t Grand Avenue, El Segundo,		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 10/29/2001	Document number: F010	00005616
5. The name an	nd street address of the current registered artment of State:		
	NRAI Services, Inc.		
	2731 Executive Park Drive,	Suite 4	OS SE
	Weston, FL 33331		FILE SEP 21 CRETARY LAHASSI
6. The name an (if changed):	nd street address of the new registered ag : Corporation Service Company		ED 21 PM 3 21 21 PM 3 21 25 PLONIDA
	1201 Hays Street		<u> </u>
	(P.O. Box NOT acceptal Tallahassee, FL 32301	ble)	
The street addr as changed wil	ress of its registered office and the stre	eet address of the business office	of its registered agent,
Such change wanthorized by	vas authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by notified in writing of the change	y an officer so
Musi	alture of an officer or director)	Maureen Cullen, Attor (Printed or typed name	
	ot the appointment as registered agent e to comply with the provisions of all si and I am familiar with and accept the c eing filed merely to reflect a change in as been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and obligation of my position as regis the registered office address, I h ge.	complete performance tered agent. Or, if this vereby confirm that the
By	cion Service Company	September 13, 2005	
	Signature of Registered Agent)	(Date)	
If signing on b	pehalf of an entity:		
Flizaheth	A Dawson Asst Vice Presid	lent	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

(Typed or Printed Name)