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9/21/95



ACCOUNT NO. : 072100000032

REFERENCE : 602729

7107319

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 19, 2005

ORDER TIME: 11:37 AM

ORDER NO. : 602729-315

CUSTOMER NO: 7107319

CUSTOMER: Jamie Newell

Bt Americas Inc.

Suite 5000

11440 Commerce Park Drive

Reston, VA 20190

CHANGE OF AGENT

NAME: INFONET USA 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 change is subm	itted for a corporation organ	02, 607.1508, or 617.1508, Florida nized under the laws of the State of ered agent, or both, in the State of I	Delaware
1. The name of the corporati	ion; INFONET USA CORPO	DRATION	
2. The principal office addre			
3. The mailing address (if di	fferent):		
4. Date of incorporation/qua	dification: 11/21/2001	Document number: F01000	1006045
5. The name and street addre Florida Department of Sta		gent and registered office on file w	ith the
NRAI Se	rvices, Inc.		
2731 Exe	ecutive Park Drive, S	Suite 4	
Weston,	FL 33331		- NECRE
6. The name and street addre (if changed):	ess of the new registered ager	nt (if changed) and /or registered of	. To a m
Corporat	ion Service Company		- STA: -
1201 Hay	s Street		57 DA_
	(P.O. Box NOT acceptable)	
Tallahas	see, FL 32301		_
The street address of its reg as changed will be identical	ristered office and the street 1.	address of the business office of	its registered agent,
Such change was authorize authorized by the board, or	d by resolution duly adopte the corporation has been no	d by its board of directors or by a otified in writing of the change.	n officer so
Maure of an officer	uu	Maureen Cullen, Attorne	
		nd agree to act in this capacity. tutes relative to the proper and co ligation of my position as register he registered office address, I here t.	mplete performance ed agent. Or, if this eby confirm that the
Corporation Servi	ce Company	September 13, 2005	
(Signature of Regis	itered Agent)	(Date)	
If signing on behalf of an e	ntity:		
Elizabeth A. Dawson	, Asst. Vice Presider	nt	
(Typed or Printed	Name)	; ————————————————————————————————————	