

FD 200002766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

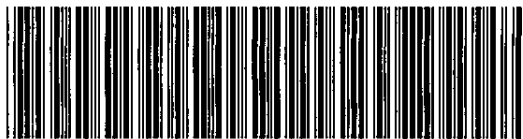
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA ADA  
Owen

sg

Applied Card Systems, Inc.  
5401 Broken Sound Blvd. NW  
Boca Raton, FL 33487  
(561) 995-8820 Office

October 19, 2007

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

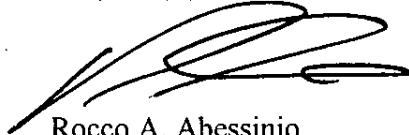
To Whom It May Concern:

Enclosed is the Statement of Change of Registered Office or Registered Agent or both for Corporations with respect to Applied Card Systems, Inc.

Please update your records to reflect the change of address of registered agent for Applied Card Systems, Inc. The new address is 5401 Broken Sound Blvd. NW, Boca Raton, FL 33487. The registered agent is Rocco A. Abessinio, Registered Agent.

If you need any additional information, please call me directly at (561) 995-8820 ext. 53000.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Rocco A. Abessinio', with a stylized flourish at the end.

Rocco A. Abessinio  
Chairman

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Applied Card Systems, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000002766

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rocco A. Abessinio , Registered Agent  
(Name of Contact Person)

Applied Card Systems, Inc.  
(Firm/Company)

5401 Broken Sound Blvd. NW  
(Address)

Boca Raton, FL 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rocco A. Abessinio , Registered Agent at ( 561 ) 995-8820  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Applied Card Systems, Inc.
2. The principal office address: 5401 Broken Sound Blvd. NW, Boca Raton, FL 33487
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/01/87 Document number: F02000002766

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

F&L Corp.

200 Laura Street

Jacksonville, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rocco A. Abessinio, Registered Agent, c/o Applied Card Systems, Inc.


5401 Broken Sound Blvd. NW

(P.O. Box NOT acceptable)

Boca Raton, FL 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Rocco A. Abessinio, Chairman  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

10/19/07  
(Date)

If signing on behalf of an entity:

Rocco A. Abessinio

(Typed 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)