

F02000005407

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

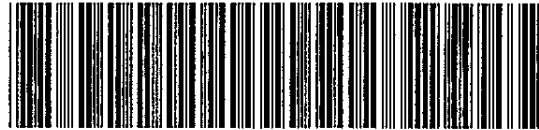
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STATE OF  
FLORIDA  
TALLAHASSEE, FLORIDA

04 DEC 29 PM 2:51

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRIMBLE MOBILE SOLUTIONS, INC.  
(Name of corporation)

DOCUMENT NUMBER: F02 00000 5407

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:

ATTENTION: TAX DEPT B7  
(Name of contact person)

TRIMBLE MOBILE SOLUTIONS, INC  
(Firm/Company)

PO BOX 3642  
(Address)

SUNNYVALE CA 94088-3642  
(City/state and zip code)

For further information concerning this matter, please call:

TAX DEPT at (408) 481-8000  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 VIRGINIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRIMBLE MOBILE SOLUTIONS, INC.
2. The principal office address: 14301 - G SULLYFIELD CIRCLE  
CHANTILLY, VA 20151
3. The mailing address (if different): PO BOX 3642, ATTN: TAX DEPT B7,  
SUNNYVALE, CA 94088-3642
4. Date of incorporation/qualification: 10/28/02 Document number: F02000005407
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
(P.O. Box NOT acceptable)  
PLANTATION, FL 33324

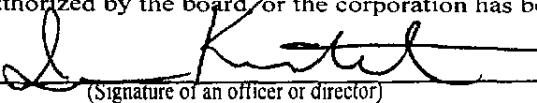
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TALLAHASSEE, FLORIDA

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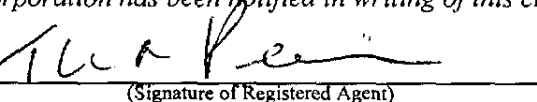
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

IRWIN KWATEK VP AND SECRETARY  
(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)

11/15/2007  
(Date)

If signing on behalf of an entity:

Tina Perrin  
Assistant Secretary  
(Typed or Printed Name)  
Spec  
Secretary

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

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