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ACCOUNT NO. : 072100000032 REFERENCE : 521421 AUTHORIZATION COST LIMIT : ORDER DATE : April 9, 2008 ORDER TIME : 11:57 AM ORDER NO. : 521421-120 CUSTOMER NO: 7275439 CHANGE OF AGENT NAME: DECISIONHR USA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of $\underline{\sf FL}$	ORIDA
1. The name of	the corporation: DECISIONHR USA, INC	•	
	office address: 12395 FIRST AMERICA		
POWAY, CA			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/05/2002	Document number:F02000005	5563
	d street address of the current registered a runent of State:	gent and registered office on file with	the
	PETER VANSON		
	1 PROGRESS PLAZA, SUITE 500		TAI SE
	ST. PETERSBURG, FL 33701		08 APR SECRET
6. The name and (if changed):	d street address of the new registered ager	at (if changed) and /or registered offic	
	Corporation Service Company		
	1201 Hays Street		2: 24 STAT
	(P.O. Box NOT acceptable)		. <del>S</del> m I
	Tallahassee, FL 32301		
	ess of its registered office and the street be identical: as authorized by resolution duly adopted he board, or the corporation has been no		
1/~,5	T - / . / -	BRET T. JARDINE, ASST. SEC.	
(Signate	ure of an officer or director)	(Printed or typed name and title	c)
I fürther agred of my duties, ar document is bei corporation ha	the appointment as registered agent an to comply with the provisions of all state of all state of all state of all and familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and comp igation of my position as registered e registered office address, I hereby	lete performance agent. Or, if this confirm that the
By: Delu	Drah W. Skipper gnature of Registered Agent)	41810 (Date)	8
If signing on be	half of an entity:		
DEBORAH D. S	SKIPPER ASST VP		
C	Typod or Printed Name)		
	* * * FILING FE	E: \$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)