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To: Division of Corporations Fax Number : (050)205-0380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (050)222-1092 Phone : (050)222-1092 Fax Number : (050)222-9428 REGISTERED AGENT CH MOTIVE COMMUNICATIONS,		
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## CT CORPORATION

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## 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 <u>Delever</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Motive Communications, Inc.

2. The principal office address: 12515 Research Bivd., Building 5, Austin, Texas 78759

3. The mailing address (if different):\_\_\_\_\_\_

4. Date of incorporation/qualification: 11/12/2002 \_\_\_\_\_ Document number: P02000005656

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

Comparation Service 1201 Hays Street Compary Tallaharree, Florida 32301

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

C T Corporation System

C/O C T Corporation System (P.O. Box or personal mailson NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324

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.

Wes Jones, Secretary & General Coursel Signatura of an or

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.

By Manut	8/10/04
(Signature of Registered Agent)	(Data)
If signing on behalf of an entity: EAWallace	Assistant Secretary
(Typod or Frinzed Name)	(Capiacity)
* * * FILI	IG FEE: \$35.00 * * *

MAKE CHECKE FAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314