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Office Use Only

RAIRO Change



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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT:(Name of corporation)
DOCUMENT NUMBER: FOZODOO5944
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:
Deborah C. Von Rueden
(Name of person)
ASA International LTD
(Name of firm/company)
10 Speen Street
(Address)
Framingham, MA 01701 (City/state and zip code)
For further information concerning this matter, please call:
Debbie Von Rueden at (508) 626-2727 X193 (Name of 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

					08, Florida Statutes,	
	of change is submitted		_	•		
massachuset of Florida.	Ls in order to	change us registe	rea office or re	gisterea agent,	or both, in the State	
•	the corporation:	Verticent, I	Inc.			
1. The hame of the corporation.			Ashley Drive Suite 2675			
z. The principa	Torrice address	Tampa, FL 3	33602			
3. The mailing	address (if differen	t):				
4. Date of incom	rporation/qualificat	ion: 11/ 27 /()2 Doct	ıment number:	=0200005	
	d street address of artment of State:	the current register	red agent and re	gistered office o	on file with the	
	CT Corporation System					
1200 S. Pine Island Road						
	Plantation, FL 33324					
6. The name a	nd street address o	of the new register	red agent (if ch	anged) and /or	registered office TH	
changed):	nd street address of the new registered agent (if changed) and /or registered office A Douglas Angelone					
	1156 Shipwatch Circle (P.O. Box or personal mailbox NOT acceptable)					
	Tampa, FL 33602				•	
The street addragent, as chang	ess of its registered ed will be identica	i office and the str	reet address of t	he business off	ice of its registered	
Such change wa authorized by t	as authorized by re he board, or the co	solution duly ador rporation has beer		_	-	
	r, chairman or vice chairma			C. McCarthy or typed name and titl		
perjormance oj registered agen office addre <u>s</u> s,	t the appointment a to comply with the f my duties, and I a nt. Or, if this docu I hereby confirm to	im jamiliar with ai ment is being filed hat the corporatio	t and agree to a statutes relative nd accept the o l merely to refle n has been noti	act in this capace to the proper of the proper of the bligation of my ect a change in the field in writing of	city. and complete position as the registered of this change.	
40	Signature of Registered Age		4	-3-03 (Date)		
		nt)		(Date)		
If signing on behal	•	•		v vm ma		
Douglas Angelone (Typed or Printed Name)			Executive V	P Sales & Ma (Capacity)	rketing (Khameleon)	
	ŕ			• • •		

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