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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (650)222-9428

VECENED
JAN 20 PH I: 1

REGISTERED AGENT CHANGE

MENLO WORLDWIDE EXPEDITE!, INC.

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1/20/2005

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

	0502, 617.0302, 807.1308, or 617.1308, Ptoriaa Statutes, orporation organized under the laws of the State of
	s registered office or registered agent, or both, in the State
of Florida.	
1. The name of the corporation: Menle World	iwide Expedite!, Inc.
2. The principal office address: 3240 Hillviet	v Avenue, Palo Alto, CA 94304
3: The mailing address (if different):	2
T.I.	Service The servic
4. Date of incorporation/qualification: Femus	ry 4, 2003 Document number: F3000000559
5. The name and street address of the curren Florida Department of State:	t registered agent and registered office on file with the
Согро	ration Service Company
	1201 Hays Street
Te	ilahassee, FL 32301
 The name and street address of the new changed); 	registered agent (if changed) and /or registered office (if
	Corporation System
c/o C	T Corporation System
· · · · · · · · · · · · · · · · · · ·	essenal mailbox NOT acceptable)
1200 South Pine Is	and Road, Plantation, Florida 33324
The street address of its registered office an agent, as changed will be identical.	d the street address of the business office of its registered
Such change was authorized by resolution d authorized by the board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
(Supplement of an officer, chairman or vice chairman of the board)	Jesuph B. Amsbury Dr. Asst. Secretary
	ed agent and agree to act in this capacity. S of all statutes relative to the proper and complete T with and accept the obligation of my position as ing filed merely to reflect a change in the registered poration has been notified in writing of this change.
By:	1/20/2005 (Date)
(Signature of Registered Agent)	
If signing on behalf of an entity:	Allen Farnell, Assistant Seculary
(Typed or Frinted Name)	(Capacity)

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

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