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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

JCF



STG INTERNATIONAL, INC.

OUS NOV -2 AM 8: DO SECRETARY OF STATE

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Corporate Filing Menu

C.COULLIETTE

NC / ∩ 2 2009

EXAMINER

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

statement of change is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Virginia egistered agent, or both, in the State of Florida.	
1. The name of the corporation: STG INTERN.	ATIONAL, INC.	
2. The principal office address: 99 Canal Center Plaza, Suite 500, Al	exandria, VA 22314	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 04/30/200	Document number: F03000002181	
5. The name and street address of the current register Florida Department of State:	red agent and registered office on file with the	
Janel Davis		
100 SE 2nd St. Ste. 1600		
Miami, FL 33131-2100	Miami, FL 33131-2100	
6. The name and street address of the new registered (if changed):	l agent (if changed) and /or registered office	
Corporation Service Comp	pany	
1201 Hays Street		
(P.O. Box NOT acce	ptable)	
Tallahassee, FL 32301		
	treet address of the business office of its registered agent,	
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
Maleula Cull	Maureen Cullen, Attorney in Fact	
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this cha	nt and ugree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
Corporation Service Company By: (Signature of Regulated Agent)	October 27, 2009 (Date)	
If signing on behalf of an entity:		
Sylvia Queppet, Asst. VP		
(Typed or Printed Name)		
* * * FILIN	G FEE: \$35.00 * * *	