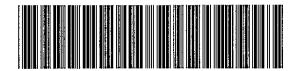
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OFFICIAL OFFICIAL PROBLEMS OF CORPORATION OF CORPO



ACCOUNT NO. : 072100000032

REFERENCE : 350769 5172953

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 3, 2005

ORDER TIME : 9:32 AM

ORDER NO. : 350769-010

CUSTOMER NO: 5172953

CUSTOMER: Linda Weber

Wireless Facilities, Inc.

4810 Eastgate Mall

San Diego, CA 92121

CHANGE OF AGENT

NAME: DELMARVA SYSTEMS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

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

rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this stement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.			
The name of the corporation: DELMARVA SYSTEMS CORPORATION			
The principal office address: 1100 First State Boulevard, Newport, DE 19804			
The mailing address (if different):			
Date of incorporation/qualification: October 2, 2003 Document number: F03000004920			
The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
CT Corporation System			
1200 South Pine Island Road			
Plantation, FL 33324			
The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company			
1201 Hays Street			
(P.O. Box NOT acceptable)			
Tallahassee, FL 32301			
the street address of its registered office and the street address of the business office of its registered agent, changed will be identical.			
ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change.			
Maureen Cullen, Attorney In Fact (Signature of an officer or director) Maureen Cullen, Attorney In Fact (Printed or typed name and title)			
ereby accept the appointment as registered agent and agree to act in this capacity. When the survey accept the appointment as registered agent and agree to act in this capacity. When the survey are to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cument is being filed merely to reflect a change in the registered office address, I hereby confirm that the reporation has been notified in writing of this change.			
Corporation Service Company Way 5 2005 (Signature of Registered Agent) (Date)			
signing on behalf of an entity:			
Michelle R. Vannoy, Asst. Vice President			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

(Typed or Printed Name)