

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000014979 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-1000

Phone Fax Number

: (850)558-1575

2008 JAN 18

REGISTERED AGENT CHANGE

CHECKFREE SERVICES CORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

T. Roberts JAN 18 2008

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

| statement of ch | ange is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida. | } |
|--|--|--|-----------------------------|
| 1. The name of | the corporation: CHECKFREE S | ervices corporation | |
| | | Bridge Road, Norcross, GA 30092 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incom | poration/qualification: 06/11/200 | Document number: F04000003306 | |
| 5. The name an | | istered agent and registered office on file with the | |
| | C T Corporation System | | |
| | 1200 South Pine Island Road | | |
| | Plantation, FL 33324 | | 717V. |
| 6. The name an (if changed): | d street address of the new registe | ared agent (if changed) and /or registered office | RETARY |
| | Corporation Service Company | | |
| | 1201 Hays Street | | LL O |
| | (P.O. Box NOT | acceptable) | 哥哥 |
| | Tallahassee, FL 32301 | | 7 - |
| The street address changed will | ess of its registered office and the be identical. | e street address of the business office of its registered | ageni, |
| Such change wanthorized by t | as authorized by resolution duly he board, or the corporation has | adopted by its board of directors or by an officer so been notified in writing of the change. | |
| Maria | e Cully | Maureen Cullen, Attorney In Fact | |
| hereby accept further agree of my duties, an locument is bel corporation has | the appointment as registered a to comply with the provisions of d Lam familiar with and accept ng filed merely to reflect a chan been notified in writing of this | (Finuse or typed nome and title) gent and agree to act in this capacity, all statutes relative to the proper and complete perfor the obligation of my position as registered agent. Or, ge in the registered office address, I hereby confirm the change. | mance if this val the |
| By: W/ | Service Company | 11/14/2007 | |
| • | palure of Registered Agent) half of an entity: | (Data) | |
| | noy, Assistant VP | | |
| | ypod or Printed Name) | - | |
| | | NATIONAL CONTRACTOR OF THE PARTY OF THE PART | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 H08000014979 3