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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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

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: (850) 222-9428

## REGISTERED AGENT CHANGE

SYNOVATE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Cornerate Fling

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

Pursuant to the	e provisions of sections 607.0.	502, 617.0502, 607.1508, or 617.1508, Fle	oriaa Statu	ues,
this statement of	of change is submitted for a con	poration organized under the laws of the St	ate of	
		registered office or registered agent, or bot		iate
of Florida.				
1. The name of	the corporation: Synovate, Inc.			
2. The principa	l office address: 222 S. Riversid	le Plaza. Chicago. IL 60606-5809		
3. The mailing	address (if different):			·
4. Date of incom	rporation/qualification: 6/25/200	Document number: P04000	0003619	
	nd street address of the current artment of State:	registered agent and registered office on file	with the	
	United C	Corporate Services, Inc.		
9200 S. Dadeland Blvd., Suite 508		adeland Blvd., Suite 508	Ξ.	0
	7	Mami FL 33156		===
6. The name a changed):	nd street address of the new	registered agent (if changed) and /or regist	pered office	2 FAON 10
onangou).	C T Corporation System		E,	
	c/o CT Corporation System		. Sĩ FL0	AM III: 44
	(F.O. Box or personal mailbox NOT acceptable)		22 A	1
	1200 South Pine Island Road, Plantation, Florida 33324		Α̈́	4.
The street addragent, as chang	ess of its registered office and sed will be identical.	the street address of the business office of	its registe	red
Such change wanthorized by t	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by a as been notified in writing of the change. Anthony J. Solarz, Vice Presider	n officer s ar	0
(Sugaritate of the belief	changed or vive chairman of the board)	(Printed or typed name and title)		
I hereby wicepi I further agree performance of registered ages office address	t the appointment as registere to comply with the provisions my duties, and I am familiar to be in the core I hereby confirm that the core	d agent and agree to act in this capacity. of all statutes relative to the proper and co with and accept the obligation of my positi ng filed merely to reflect a change in the re poration has been notified in writing of this	omplete on as gistered change.	
B Judin	Obrodulika Street	1/1/04		
1	agenture of Registered Agent)	Beveries Stuewe		
If signing on beha	lf of an entity:	Assistant Secretary		
	Typed or Printed Name)	(Capacity)	<del></del> _	

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

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