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TALLAHASSEE, FLORIDA

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FILING REQUEST

September 25, 2006

FLORIDA SECRETARY OF STGATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

FIELD SUPPORT SERVICES, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:_

CHECK #24197 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method: -

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized r to change its registered office or registered o	under the laws of the State of <u>Al</u>	laska	nis 		
	rt.	eld Support Services, Inc.				
The name of the corporation: Field Support Services, Inc. The principal office address: 6303 Ivy Lane, Suite 130, Greenbelt, MD 20770						
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 07/16/2004	Document number: F04000)0040	72		
5. The name and	I street address of the current registered agent tment of State:					
	CT Corporation System				-	
	1200 South Pine Island Road				*.	
	Plantation, FL 33324	-	IXS.	90	_	
6. The name and (if changed):	I street address of the new registered agent (if	changed) and /or registered offic	CRETAF	5 OCT -2		
	NRAI Services, Inc.		*338 40 Å	2 PH	m	
	2731 Executive Park Drive, Su	ite 4	FLSTA		O	
	(P.O. Box NOT acceptable) Weston, FL 33331		30%	9	/ E m	
The street addre	ess of its registered office and the street addr be identical.	ess of the business office of its	register	red ag	ent,	
Such change wa authorized by th	as authorized by resolution duly adopted by ne board, of the corporation has been notifie	its board of directors or by an of in writing of the change.	officer s	0 5 ~		
G -	ire of an officer or director)	(Printed or typed name and tit	le)			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligati ng filed merely to reflect a change in the reg s been notified in writing of this change.	ree to act it this capacity. relative to the proper and comp on of my position as registered gistered office address, I hereby	olete per agent. ¿confiri	rforme Or, if n that	mce this the	
	gnature of Registered Agent)	9-2204 (Date)			- · ·	
	half of an entity:			-	•	
	on, Asst. Secretary Typed or Printed Name)	e de la				
Į į	ypen or rimen mainer					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)