Electronic Filing Cover Sheet

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To:

Division of Corporations

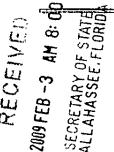
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-1000 : (850)558-1575

Fax Number



REGISTERED AGENT CHANGE

MACTEC DEVELOPMENT CORPORATION

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Coloradoin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MACTEC DEVELOPMENT CORPORATION
2. The principal office address:
1105 Lakewood Parkway, #300, Alpharetta, GA 30004
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/07/2005 Document number: F05000001431
 The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
1200 South Pine Island Road Plantation, FL 33324 6. 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, as changed will be identical.
Such change was suthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the copporation has been notified in writing of the change.
Maureen Cullen, Attorney in Fact (Stansfure of the officer of decease) Maureen Cullen, Attorney in Fact
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Corporation Service Company By: William Company (Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Michelle R. Vannoy, Asst. V.P.
(Typod or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CRZE045 (8/05)