F05000002189

| (Re | questor's Name) | | | |
|-------------------------|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| · (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



500110681165

10/15/07--01037--008 **35.00



COVER LETTER

| 10: | Division of Corporations | | | |
|----------------|--|--|--|--|
| SUBJI | ECT: Impulse Monitoring, Inc. | | | |
| | (Name of Co | orporation) | | |
| DOCU | MENT NUMBER: F05000002189 | | | |
| The en | closed Statement of Change of Registered Office | /Agent and fee are submitted for filing. | | |
| | | | | |
| riease | return all correspondence concerning this matter | to the following. | | |
| | Sean L. Emerick | | | |
| | (Name of Con | tact Person) | | |
| | | | | |
| | National Corporate Service | es. Inc. | | |
| (Firm/Company) | | | | |
| | | | | |
| | 2 Club Centre Ct., Suite 5 | | | |
| | (Addr | ress) | | |
| | | | | |
| | Edwardsville, Illinois 62025 | • | | |
| | (City/State and | d Zip Code) | | |
| For fur | ther information concerning this matter, please ca | all: | | |
| | | | | |
| Sean | L. Emerick | at (618) 656-3791 | | |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Enclose | ed is a \$35.00 check made payable to the Departr | ment of State. | | |
| | Mailing Address: | Street Address: | | |
| | Amendment Section | Amendment Section | | |
| | Division of Corporations | Division of Corporations | | |
| | P.O. Box 6327 | Clifton Building | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S nge is submitted for a corporation organized under the laws of the State of $_$ r to change its registered office or registered agent, or both, in the State of F | DE | , this | · - | |
|--|---|--------------------------------|-----------------------------|----------------------------|--|
| 1. The name of t | he corporation: Impulse Monitoring, Inc. | | | ·· | |
| | office address: 10420 Little Patuxent Parkway, Suite 250 | | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 10/28/2002 Document number: F0500 | 0002 | 189 | | |
| 5. The name and | street address of the current registered agent and registered office on file wittment of State: | | | | |
| | Corporation Service Company | <u> </u> 2 | 0 | | |
| | 1201 Hays Street | CRE | 7001 | 77 | |
| | Tallahassee, FL 32301 | TARY | 070CT 15 AMII: 07 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): | | | | | |
| | NRAI Services, Inc. | _ <u>≃</u> ` <u>`</u> | 7 | | |
| | 2731 Executive Park Drive, Suite 4 | _ | | | |
| (P.O. Box NOT acceptable) Weston, FL 33331 | | | | | |
| | ss of its registered office and the street address of the business office of it be identical. | | | gent, | |
| authorized by th | is authorized by resolution duly adopted by its board of directors or by an ite board, or the corporation has been notified in writing of the change. | Officei | 30 | | |
| Y J (Signature of an Officer or director) Janine Gregory, Assistant Secretary (Printed or typed name and title) | | | | | |
| I hereby accept I further agree to of my duties, an document is beil corporation has | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registereng filed merely to reflect a change in the registered office address, I herely been notified in writing of this change. | nplete p d ageni by conf | perforn t. Or irm tha | nance if this at the | |
| Jul (Sie | mature of Registered Agent) (Date) | } | | | |
| If signing on be | half of an entity: | | | | |
| Sean L. Em | perick Typed or Printed Name) | | | | |

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