

Florida Department of State  
Division of Corporations  
Public Access System

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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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## REGISTERED AGENT CHANGE

TECNOMATIX UNICAM INC.

Certificate of Status	0
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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 New Hampshire in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Tecnomatix Unicorn Inc.
2. The principal office address: 5800 GRANITE PLWY PLANO TX 75024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/16/2006 Document number: F06000001000
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas F. Eberle  
(Signature of an officer or director)

Thomas F. Eberle, Assistant Secretary  
(Printed or typed name and title)

*I 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 document 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.*

By: Samantha Jones  
(Signature of Registered Agent)

Samantha Jones  
Assistant Secretary

**FEB 12 2008**

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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