Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

M/A/R/C RESEARCH INC.

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<u>534690</u>

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Corporate Filing Menu

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

		2, 617.0502, 607.1508, or 617.1508, Florida Statute: tion organized under the laws of the State of	r, this
in orde	r to change its registered office	e or registered agent, or both, in the State of Florida.	1
1. The name of t	the corporation: M/A/R/C/	Research Inc.	
2. The principal	office address: 7850 North	Belt Line Road, Irving, TX 45063-609	8
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/11.	/2006 Document number: F06000002	295
	I street address of the current re trment of State:	egistered agent and registered office on file with the	
·	CT Corporation System	m	••
	1200 South Pine Island	d Road	<i>o</i>
	Plantation, FL 33324		SECH P
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office	APR 21 PM
	Corporation Service C	company	of ST
	1201 Hays Street		<u>μ</u> ω
	(P.O. Box NO	II acceptable)	EDITI OD
	Tallahassee, FL 3230	1	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its regis	stered agent,
Such change we authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an office as been notified in writing of the change.	T 50
Dur	mod un oliper or duration)	De harah E. Zangara	recretary
corporunon nas	the appointment as registered to comply with the provisions of I am familiar with and acces of filed merely to reflect a chief been notified in writing of the tion Service Company	l agent and agree to act in this capacity. of all statutes relative to the proper and complete; pt the obligation of my position as registered agen ange in the registered office address, I hereby conj is change.	performance t. Or, if this irm that the
By: Ouo	was Roath	04/21/2008	
sug If signing on bel	half of an entity:	(Oare)	
Amanda Ro	ath, as its agent		
	yped or Printed Name)	_	
		T TAIG TOTAL SAC AS 4 4 4	

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

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