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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Change



DEPARITE CORPORATIONS
2007 NAY 11 AM 10: 43
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PSP 07



TION SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE : 891366 7459249
AUTHORIZATION :
COST LIMIT : 5 5.00
ORDER DATE: May 9, 2007
ORDER TIME : 9:53 AM
ORDER NO. : 891366-015
CUSTOMER NO: 7459249
<u>CHANGE OF AGENT</u>
NAME: OUTLOOKSOFT CORPORATION .
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid nange is submitted for a corporation organized under the laws of the State o	f_Delaware
	ler to change its registered office or registered agent, or both, in the State o	f Florida.
1. The name of t	f the corporation: OUTLOOKSOFT CORPORATION	
2. The principal	al office address: One Stamford Plaza, 11th Floor, 263 Tressler Blvd., Stamfor	d, CT 06901-3281
3. The mailing a	address (if different):	70 2
		FG E
4. Date of incorp	rporation/qualification: August 14, 2006 Document number: F0600	
	nd street address of the current registered agent and registered office on file artment of State:	with the FF. FLORITE
	C T Corporation System	_ SEE
	1200 South Pine Island Road	,
	Plantation, FL 33324	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered of the company	office
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre	ress of its registered office and the street address of the business office o ll be identical.	f its registered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
Mai	Maureen Cullen, Attorney In Fa	
I hereby accept I further agree t of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and conditions and it is a familiar with and accept the obligation of my position as registed in gilled merely to reflect a change in the registered office address, I he as been notified in writing of this change.	
By: ///// (on Service Company (hell R Canho) Signature of Registered Agent) (Date)	7
	pehalf of an entity:	
• •	nnoy, Asst. Vice President	
T)	(Typed 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