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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 ; (850)222-1092 Phone Pax Number : (850) 878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

Email Address:

REGISTERED AGENT CHANGE AVAYA FEDERAL SOLUTIONS, INC.

| Certificate of Status | Ú |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: A | vaya Federal Soluti | ons, Inc | | | |
|--|--|---|--|--|--|
| ENCOCKE AND AND AND | MBER: FOTOOX | \\1252 | | | |
| DOCUMENT NU | | · · · · · · · · · · · · · · · · · · · | | | |
| The enclosed State | anent of Change of Registered Office/ | Agent and fee are submitted for filing. | | | |
| Please return all co | errespondence concerning this matter to | o the following: | | | |
| | | | | | |
| | | | | | |
| | Name of Conta | ct Person | | | |
| | | | | | |
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| Firm/Company | | | | | |
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| | Addres | | | | |
| | Audres | 3 | | | |
| | | | | | |
| | City/State and | Zin Code | | | |
| | Only Build and | mp cour | | | |
| | tettemer@avay | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further informat | tion concerning this matter, please call | 1 | | | |
| | | | | | |
| Name | e of Contact Person | at () Area Code & Daytime Telephone Number | | | |
| 14410 | e of comact report | Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 | check made payable to the Departme | nt of State. | | | |
| | Malling Address | Strant Address | | | |
| | Mailing Address: Amendment Section | Street Address: Amendment Section | | | |
| | Division of Corporations | Division of Corporations | | | |
| | P.O. Box 6327 | Clifton Building | | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |

Taliahassee, FL 32301

CR2E045 (8/05)

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

| statement of ci | e provisions of sections 607.0502, (cange is submitted for a corporation fer to change its registered office of | organized under the laws of | the State of Delaware | ; |
|--|--|--|---|--------------------------------|
| i. The name o | f the corporation: Avaya Federal Sol | ations, Inc. | | |
| | office address: 211 MT. AIRY RI | | | |
| 3. The mailing | address (if different): 211 MT. AIR | Y RD, ROOM 1C519, BASKIN | IG RIDGE, NJ 07920 | |
| 4. Date of inco | rporation/qualification: 03/09 | /2007 Document number | er: F07000001 | 353 |
| | id street address of the current regis artment of State: (If resigned, enter | | ce on file with the | |
| | CORPORATION SERVICE COM | PANY | | |
| | 1201 hays street, tallaha | SSEE FL 32301-2525 | | |
| 5 The name of | d | 4 | | を記し |
| o. The manic an (if changed): | d street address of the new registers | or alleur (in custified) and for a | eBisteren Ottice | 34.55 Co. |
| | C T Corporation System | | | 25°C |
| | | No. of Win. Total I Donal | | n en |
| | c/o C T Corporation System, 1200 | South Pine Island Road Box NOT acceptable | | 是过 |
| | Plantation, Florida 33324 | | | |
| | ess of its registered office and the be identical. | | | agent, |
| Such change wanthorized by t | as authorized by resolution duly a he board, or the corporation has b | dopted by its board of direct sen notified in writing of the | ors or by an officer so change. | |
| Joly | ne Mc Carthy | | Lings, Secretary | |
| hereby uccept further agree of my dulles, ar locument is be corporation ha | the appointment as registered ag to comply with the provisions of a id I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this o | ent and agree to act in this c il statutes relative to the pro- le obligation of my position e in the registered office add vange. | per and complete perfo as registered agent. Or ress, I hereby confirm t | rmance ; if this hat the |
| | Corporation System | <u> </u> | 0/20/2010 | |
| | nature of Registered Agent | | Delc | |
| - - | half of an entity: | | | |
| | n Barth, Assistant Secretary yped or Printed Name | | | |
| * | | (G FEE: \$35,00 * * * | | |

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

PL006 - 07/23/2009 CT System Online

CR2E045 (8/05)