2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004180

Entity Name: DOVEBID VALUATION CONSULTANTS, INC.

FILED Jul 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
200 CORPORATE POINTE SUITE 300 CULVER CITY, CA 90230				11425 CRONHILL DRIVE OWINGS MILLS, MD 21117			
Current Mailing Address:				New Mailing Address:			
200 CORPORATE POINTE SUITE 300 CULVER CITY, CA 90230			27600 NORTHWESTERN HIGHWAY SUITE 220 SOUTHFIELD, MI 48034				
FEI Number: 94-3168876 FEI Number Applied For () FEI Number			FEI Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State of Florida.							
SIGNATURE: HEATHER CHAPMAN Electronic Signature of Registered Agent					 Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DOVE, ROSS 200 CORPORATI CULVER CITY, C D () E DOVE, KIRK	Delete E POINTE SUITE 300		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DOVE, ROSS 1900 O'FARREL SAN MATEO, CA D (X) FLEISCHER, AN 11425 CRONHII OWINGS MILLS	Change () Addition IDREW LL DRIVE 5, MD 21117	
Title: Name: Address: City-St-Zip: Title: Name:	SUHL, RICHARD 200 CORPORATI CULVER CITY, C T () E BELCHERS, JOH	Delete IN		Title: Name: Address: City-St-Zip: Title: Name: Address:	SCRIVEN, ROBI 11425 CRONHII OWINGS MILLS	LL DRIVE 5, MD 21117 Change () Addition IDREW	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CULVER CITY, C S () E SKLAR, JAMES	Delete ESTERN HWY SUITE 220		City-St-Zip: Title: Name: Address: City-St-Zip:	OWINGS MILLS		
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	P () SCRIVEN, ROB 11425 CRONHII OWINGS MILLS	LL DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SKLAR S 07/14/2009