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February 1, 2011

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: CSG Systems, Inc.; Dataprose, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Joelle Churik Client Specialist

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of California red agent, or both, in the State of Florida.	
1. The name of the corporation:		Dataprose, Inc.	
	office address:		
3. The mailing a	ddress (if different): 2525 N 117 AVE, 0	DMAHA, NE 68164	
4. Date of incorp	poration/qualification: 4/10/2008	Document number: F0800001624	
5. The name and	street address of the current registered ag tment of State:		
	CT Corporation System		
	1200 S. Pine Island Road	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Plantation, FL 33324	FEB T	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office of the control of the con	
	NRAI Services, Inc.	2 P	
	2731 Executive Park Drive,	Suite 4	
	(P.O. Box NOT acceptable) Weston, FL 33331	•	
The street addre		address of the business office of its registered agent,	
	·	by its board of directors or by an officer so ified in writing of the change.	
<u>Suur</u> (Signatu	re of an officer of director)	Bruce Kruger, Assistant Secretary (Printed or typed name and title)	
I further agree to of my duties, and document is bei	the appointment as registered agent and comply with the provisions of all state d I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
	nature of Registered Agent)	1 1 (Date)	
If signing on be	half of an entity:	,	
	k, Assistant Secretary  yped or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

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