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DEPARTMENT OF STATE DIVISION OF CORPORATION:

O9 JUN 25 AM II: I

R-A. Change C.COULLIETTE

JUN 25 7009

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 036746

7239220

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: June 15, 2009

ORDER TIME : 9:26 AM

ORDER NO. : 036746-118

CUSTOMER NO: 7239220

CHANGE OF AGENT

NAME: MAXIMUS FEDERAL SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: ____

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the State of	Virgin	_	
1. The name of t	he corporation: MAXIMUS FEDE	RAL SERVICES, INC.	-		_
2. The principal	office address: 11419 Sunset Hills	Road	•		
Reston, V	'A 20190	<u> </u>	•		
3. The mailing a	ddress (if different):				-
4. Date of incom	poration/qualification: 5/12/2008	Document number: F0800	00021	40	
	street address of the current registered ag tment of State:	ent and registered office on file wi	th the		
	Capitol Corporate Services, Inc	.	_		
	155 Office Plaza Dr. Suite A		ĀS	_	
	Tallahassee, FL 32301		EGRE	NOF 60	Lilenas
6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):				IN 25 #	
	Corporation Service Company		بار. کالی	X	
	1201 Hays Street		ORII	9]:	السيدة
	(P.O. Box NOT acceptable)		DE A	.	
	Tallahassee, FL 32301				,
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of it	ts regist	ered ag	gent,
Such change wa	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer	so	
Magnatu (Signatu	re of an officer or director)	Maureen Cullen, Attorne		act	
I further agree to of my duties, an document is being corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	tos relative to the proper and con	nplete p d agent by confi	erform . Or, i rm tha	iance if this it the
By: \(\frac{2}{5}\)	ion Service Company	June 23, 2009			
	mature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
	pet, Asst. Vice President yped or Printed Name)				
	* * * FILING FE	E: \$35.00 * * *			

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