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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 708755 7433547

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 29, 2013

ORDER TIME : 9:37 AM

ORDER NO. : 708755-005

CUSTOMER NO: 7433547

CHANGE OF AGENT

NAME: ALTRAN SOLUTIONS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Altran Solutions Corp. Name of Corporation
DOCUMENT NUMBER: State Registration # F0800000 2779
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allyson Hiller-Corporate Legal Counsel Name of Contact Person
Altran Solutions Corp.
451 D Street Address
Boston, MA 02210 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allyson Miller at (617) 304-1011 x 16245 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Massachuse in order to change its registered office or registered agent, or both, in the State of Florida.	:+-1
1. The name of the corporation: Altran Solutions Corp.	_
2. The principal office address: 451 DS+ree+	
Boston, MA 02210	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/20/2008 Document number: F08000002.77	, 9
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Gisela Garria	
756 Forsyth Street	7
Boca Raton, EL 33487	الدر
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	, n
Corporation Service Company	ذ
1201 Hays Street	
P.O. Box NOT acceptable	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	,
Scot Blodgett Vice President Signature of all other or director Scot Blodgett Vice President	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company	
By: An 2 Kngd 7-1-13	
Signature of Registered Agent Date	
If signing on behalf of an entity: Sue G. Knight Assistant Vice President	
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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