

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

**REGISTERED AGENT CHANGE
INFORMATION DISTRIBUTION & MARKETING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

14 APR 24 PM 12:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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RA/RO/chg
@ 4/25/14

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Information Distribution & Marketing Inc.
Name of Corporation

DOCUMENT NUMBER: F09000001174

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:

Steven Schleiffelder

Name of Contact Person

Trapeze Software Group, Inc.

Firm/Company

5800 Explorer Drive, 5th Floor

Address

Mississauga, Ontario L4W 5K9, Canada

City/State and Zip Code

Steven.Schleiffelder@trapezgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breo Belmonte

212

590-9310

Name of Contact Person

at () 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

C132045 (03/12)

**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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Information Distribution & Marketing Inc.
2. The principal office address: 201 BYRD COURT, Suite 100 Warner Robins, GA
31068 USA
3. The mailing address (if different): 5800 Explorer Dr 5th Floor Mississauga ON L4W5H9
Canada.
4. Date of incorporation/qualification: 03/18/2009 Document number: F09000001174
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)

Kevin Young

521 E. MITCHELL HAMMOCK ROAD, Suite 2

OVIDO, FL 32765

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

[Signature]
Signature of an officer or director

Brian Beattie
Printed or typed name and title

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.

By: C T Corporation System

[Signature]
Signature of Registered Agent

Debbie Diaz
Assistant Secretary

4/24/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (02/13)

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14 APR 24 AM 10:37