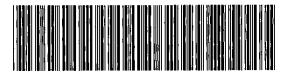
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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 347469

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 14, 2012

ORDER TIME : 10:59 AM

ORDER NO. : 347469-006

CUSTOMER NO: 7901679

CHANGE OF AGENT

NAME: CSG GOVERNMENT SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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 unge is submitted for a corporation organic	ized under the laws of the State of	Illinois	
	r to change its registered office or registe	•	⁴ loriaa.	
1. The name of	the corporation: CSG GOVERNMEN	1 SOLUTIONS, INC.	2004	
2. The principal	office address: 180 North Stetson Av	ve Suite 3200, Chicago IL 60	1601	
3. The mailing a	ddress (if different):		record for the broken district from the broken district from an additional and the second of the broken district from the	······································
4. Date of incorp	poration/qualification: 04/07/2009	Document number: F09000	0001405	
	d street address of the current registered agetment of State: (If resigned, enter resigned		ith the	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation FL 33324			
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered of	fice	
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box NOT:	acceptable acceptable		
The street address changed will	ess of its registered office and the street a be identical.	iddress of the business office of it	s registered agent	i,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
M. Signatu	re of an officer or director	Maureen Cathell, Vice Pres		
I further agree is performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statum of	tes relative to the proper and come ecept the obligation of my position	plete i as registered ee address, I	
ву: Ма	h Weight	09/14/2012	AE 75	
Sig	nature of Registered Agent	Date	SEP AHA	"77
If signing on be	half of an entity:		20 IAR) ASSI	*******
	t, Asst. Vice President		<u>o</u> _o	Ш
1	yped or Printed Name	r. 67 <i>5</i> 00 ± ± ±	F (2)	\overline{O}
	* * * FILING FEI MAKE CHECKS PAYABLE TO FLOR		TAIE ORID	
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLOW AIL TO: DIVISION OF CORPORATIONS, P.C	D. BOX 6327, TALLAHASSEE, FL 3	2314	