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EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 22, 2012

ORDER TIME : 9:54 AM

ORDER NO. : 104362-017

CUSTOMER NO: 7808996

CHANGE OF AGENT

NAME: THE ANALYSIS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

F

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statute sized under the laws of the State of <u>Dela</u> ered agent, or both, in the State of Florida	aware		
1. The name of t	the corporation: THE ANALYSIS CO	DRP.			
2. The principal					
_	ddress (if different): ner Avenue, Suite 100, Frederi	ck, MD 21701			
4. Date of incorp	poration/qualification: 01/22/2010	Document number: F10000000)378		
5. The name and		gent and registered office on file with the			
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324		SEOR	12 FE8	
6. The name and street address of the new registered agent (if changed) and /or r (if changed):		nt (if changed) and /or registered office	HARY C	27	דורנט
	Corporation Service Company	/	FS	AM II: 3!	_
	1201 Hays Street		DRID	: კვ	
	(P.O. Box NOT acceptable)		Þ		
	Tallahassee, FL 32301				
The street addre as changed will	ss of its registered office and the street be identical.	address of the business office of its regis	stered age	ent,	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an office tified in writing of the change.	er so		
Mac	we while	Maureen Cathell, Vice Preside	ent		
I further agree t of my duties, an document is beil corporation has	the appointment as registered agent an to comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. ion Service Company		performa it. Or, if firm that	ince this the	
(Sig	nature of Registered Agent)	(Date)	•	_	
If signing on bel	half of an entity:				
Sylvia Quep	pet, Asst. VP				
(T)	yped or Printed Name)				

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