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*R.A. Chg.*  
C.COULLIETTE

NOV 18 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kapsch TrafficCom Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000000436

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:

James Currie  
Name of Contact Person

Kapsch TrafficCom IVHS Corp.  
Firm/Company

6020 Ambler Drive  
Address

Mississauga, ON L4W2P1  
City/State and Zip Code

Jim.Currie@Kapsch.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey Hyde at ( 703 ) 885-1976  
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 California  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kapsch TrafficCom Inc.  
2. The principal office address: 2035 Corte Del Nogal, Suite 105  
Carlsbad, CA 92011  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/04/2003 Document number: F11000000436

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)

William J. Trappen  
623 Pony Court  
Warner Springs, FL 32708

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

C T Corporation System  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324

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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] Christopher McClay, CEO / Jim Cyrus, CFO  
Signature of an officer or director 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.

[Signature] 11/8/11  
Signature of Registered Agent Date

If signing on behalf of an entity: Judith Argao  
Vice President  
and Assistant Secretary

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 (8/05)