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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)205-8842

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, **

REGISTERED AGENT CHANGE SCHNEIDER ELECTRIC MOBILITY NA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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COVER LETTER

TO: Amendment Section Division of Corporations

Kapsch TrafficCom Transportation NA, Inc SUBJECT:
Name of Corporation
DOCUMENT NUMBER: F11000003672
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:
Name of Contact Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
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

CR2E045 (03/12)

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

statement of change is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Michigan
• •	office or registered agent, or both, in the State of Florida.
1. The name of the corporation: KAPSCH	TRAFFICCOM TRANSPORTATION NA, INC.
2. The principal office address: 1390 PICC	CARD DRIVE, SUITE 200, ROCKVILLE, MD 20850
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/	/13/2011Document number: F11000003672
5. The name and street address of the curr Florida Department of State: (If resigne	ent registered agent and registered office on file with the ed, enter resigned)
Corporation Service Comp	eny
1201 Hays Street	
Tallahassee, FL 32301	
6. The name and street address of the new (if changed):	registered agent (if changed) and /or registered office ##
C T Corporation System	APA APA APA
c/o C T Corporation System	m. 1200 South Pine Island Road
	P.O. Box NOT acceptable
Plantation, Florida 33324	
	and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
ortru	Gerhard Plaschka, Director
Signature of an officer of director I hereby accept the appointment as regist I further agree to comply with the provist performance of my duties, and I am famil agent. Or, if this document is being filed hereby confirm that the corporation has be	Printed or typed name and title tereft agent and agree to act in this capacity tons of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I been notified in writing of this change.
By: all you	4/18/2016
Signature of Registered Agent	Alfred Younan Dale
	sistant Secretary
C T Corporation System 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 (03/12)

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