

# Florida Department of State

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## REGISTERED AGENT CHANGE

### MDA FEDERAL INC.

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C. Couliforte APR 1 4/9/2008

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

	- <del>-</del>	502, 617.0502, 607.1508, or 617.1508, Flor	
this statement of Delaware		poration organized under the laws of the Stat	•
	in order to change its r	egistered office or registered agent, or both,	, in the State
of Florida.	the corporation: MDA Federal	Inc.	
•		erce Parkway, Richmond, British Columbia, Can	ada V6V 2 13
2. The principa	ornice address: 10000 Comme	100 Tarkway, Normana, Onlish Colombia, Gall	808 707 203
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: 10/27	7/1993 Document number: F93000	0004855
		egistered agent and registered office on file w	rith the
Florida Depa	rtment of State:		98 SEC
	C T CORPORATION SYSTEM		CR <b>88</b>
	1200 S. PINE ISLAND RD.		APR CRETA
	PLANTATION FL 33324		−9 ARY ASSE
6. The name as changed):	nd street address of the new re	egistered agent (if changed) and /or register	ed office (if
	1203 Governors Square Blvd., S	Suite 101	55 DRIDA
	(P.O. Box or person	anni mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addreagent, as chang	ess of its registered office and t ed will be identical.	the street address of the business office of its	s registered
Such change was authorized by the	as authorized by resolution dul- ne board, or the corporation has	y adopted by its board of directors or by an os been notified in writing of the change.	officer so
(Signature of an office	, chaurman or vice chairman of the board)	Gregory Koeln, President (Printed or typed name and title)	
I hereby accept I further agree performance of registered agen office address,	the appointment as registered to comply with the provisions of my duties, and I am familiar w t. Or, if this document is being I hereby confirm that the corpo	agent and agree to act in this capacity.  of all statutes relative to the proper and com-  vith and accept the obligation of my position  g filed merely to reflect a change in the regis  bration has been notified in writing of this ch	plete i as stered hange.
$\underline{\hspace{1cm}}\mathcal{M}$	<u>~~</u>	4/8/08	·
(S * * * * * * * * * * * * * * * * * * *	gnature of Registered Agent)	(Date)	
If signing on behall Business Filings		AVP	
			<del></del>
Business Filings	Incorporated, Mark Williams  yped or Printed Name)	A.V.P. (Capacity)	

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

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