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FILING REQUEST

May 5, 2004

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

INTEGRATED SYSTEMS ANALYSTS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #15080 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

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PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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

change is submi	provisions of sections 607.0502, 617.6 itted for a corporation organized unde gistered office or registered agent, or l	*	his statement of in order	
1. The name of	the corporation: Integrated Systems	Analysts, Inc.		
2. The principal	office address: 2800 Shirlington Ro	ad, Suite 1100, Arlington, VA 22206	·	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 03/14/1994	Document number: F94000001287		
	d street address of the current registere rtment of State:	d agent and registered office on file with the		
	Corporation Service Company		e	
	1201 Hays Street		_	
	Tallahassee, FL 32301-2525		Par B	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	MAY TO	
	NRAI Services, Inc.		SEPT ST	
	526 E. Park Avenue		To the second	
		nal mailbox NOT acceptable)	高い	
	Tallahassee, FL 32301		y -	
The street addre changed will be	ess of its registered office and the street identical.	eet address of the business office of its register	ed agent, as	
Such change wa the board, or the	as authorized by resolution duly ador e-corporation has been notified in wr	oted by its board of directors or by an officer so iting of the change.	o authorized by	
Mary	Signature of an officer of director)	Mary Anderson, Sr. Vice Presic	Mary Anderson, Sr. Vice President (Printed or typed name and title)	
aunes, ana 1 an being filed mere been notified in	n jamiliar with and accept the obligately to reflect a change in the registers writing of this change.	and agree to act in this capacity, tatutes relative to the proper and complete per tion of my position as registered agent. Or, if ed office address, I hereby confirm that the co	rformance of mv	
NRAI Services	y Budman	5-5-04		
70	(Signature of Registered Agent)	(Date)	,	
	shalf of an entity:			
Sue Brodtman	n (Typed or Printed Name)	Asst. Secretary (Capacity)	·	

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