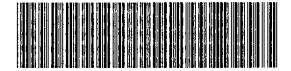
F94000001289

(Re	questor's Name)			
(Address)				
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Achanse News 2-14-11



February 1, 2011

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: CSG Systems, Inc.; Dataprose, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Joelle Churik Client Specialist

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organic	zed under the laws of the State	of Delaware	
	r to change its registered office or register he corporation:	_	of Florida.	
	office address: th Avenue, Omaha, NE 68164			
-: .	ddress (if different):			
4. Date of incorp	poration/qualification: 3/14/1994	Document number: F94	000001289	
5. The name and	street address of the current registered ag tment of State:			
	CT Corporation System		基 编	
	1200 S. Pine Island Road		CREEK TER	
	Plantation, FL 33324		SSE O	
6. The name and street address of the new registered agent (if changed) and /or registered office (continuous) (if changed):				
NRAI Services, Inc.				
2731 Executive Park Drive, Suite 4				
(P.O. Box NOT acceptable)				
	Weston, FL 33331			
The street addre	ss of its registered office and the street a be identical.	ddress of the business office	of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or b ified in writing of the change	y an officer so	
Signatur	re of an officer or director)	Bruce Kruger, Assistant Se		
I hereby accept I further agree t of my duties, an document is beli corporation has	the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity tes relative to the proper and gation of my position as regis registered office address, I h	complete performance stered agent. Or, if this sereby confirm that the	
Jule	unature of Registered Agent)	128 11 (Date)		
If signing on be	half of an entity:			
	k, Assistant Secretary			
Т)	'yped or Printed Name) * * * FILING FE	. • • • • • • • • • • • • • • • • • •		
	FILING FE.	U: \$33.00		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
5 (8/05)