## F94000001903

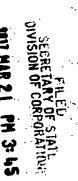
| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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V HERRING MAR 2 3 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 17, 2017

Order#: 560082-015

Re: TRANDES CORP.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of ch                                       |  | .0502, 617.0502, 607.1508,<br>poration organized under th<br>office or registered agent, o  | he laws of the State                       | of Delaware  |               |
|---|--|---|--|--|---------------|
| 1. The name of  | the corporation: TRANDE  | S CORPORATION   |  |  |               |
| 2. The principal                                      | office address: 4601 Pres                                      | sidents Drive, Suite 360, La  | nham, MD 20706                             |  |               |
| 3. The mailing a                                      | address (if different):  |   |  |  |               |
| 4. Date of incor                                      | poration/qualification: 04/                                    | /13/1994 Docum  | nent number: F940                          | 000001903  |               |
|   | d street address of the curre<br>rtment of State: (If resigned | ent registered agent and regi<br>I, enter resigned)   | istered office on file                     |  | Nic.          |
|   | National Corporate Rese  | arch, Ltd., Inc.  |  | = =  | oisi          |
|   | 115 North Calhoun Stree  | t, Suite 4  |  | 2017 MAR 2 1                                       | SIAISIAN OF C |
|   | Tallahassee, FL 32301  |   |  | _ 3  | 9             |
| 6. The name and (if changed):                         | d street address of the new                                    | registered agent (if changed  | l) and /or registered                      | 4.5  | ?             |
|   | Corporation Service Com  | pany  |  |  |               |
|   | 1201 Hays Street   |   |  |  |               |
|   |  | P.O. Box NOT acceptable   |  | ·  |               |
|   | Tallahassee  |   | FL 32301                                   | _  |               |
| The street addresses changed will                     | ess of its registered office a<br>be identical.                | and the street address of th  | e business office o                        | f its registered agent,                            | ,             |
| Such change wa<br>authorized by th                    | as authorized by resolution<br>ne board, or the corporation    | ı duly adopted by its board<br>n has been notified in writi   | of directors or by ing of the change.      | an officer so                                      |               |
| سرل   | Ld6_   | Dennis H.   | O'Brien, Treasurer                         | & CFO  |               |
| Signatu   | ire of an officer or director                                  |   | Printed or typed name and                  | d title  |               |
| performance of<br>agent. Or, if the<br>hereby confirm | my duties, and I am famili<br>is document is being filed i     | ered agent and agree to ac<br>ons of all statutes relative t<br>iar with and accept the obl<br>merely to reflect a change<br>een notified in writing of t | igation of my posit<br>in the registered o | complete<br>tion as registered<br>ffice address, I |               |
| By: U   | , m xey  |   | 03/17/2017                                 |  |               |
| Sign  | nature of Registered Agent                                     |   | Date                                       | <del></del>  |               |
| If signing on be                                      | half of an entity:   |   |  |  |               |
| Ami M. Casper,  | , Asst. Vice President   |   |  |  |               |
| T   | yped or Printed Name   |   |  |  |               |

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