Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 000002663 222-1092 Zip Phone City State *****35.00 *****35.00 **CORPORATION(S) NAME** Key Usice Tochnologies () Profit () Merger () Amendment () NonProfit () Limited Liability Co. () Dissolution/Withdrawal () Mark () Foreign () Other UCC Filing () Annual Report () Limited Partnership Change of R.A. () Reservation () Reinstatement)Fic. Name () CUS () Photo Copies () Certified Copy () Call if Problem () After 4:30 () Call When Ready Pick Up Walk in () Mail Out Name Availability PLEASE RETURN EXTRA COPIES FILE STAMPED Document Examiner TO JEFFREY D. BUTTERFIELD Updater Verifier Acknowledgmen W.P. Verifier

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.05 Florida Statutes, the undersigned corporation Delaware submits the following statem	
or registered agent, or both, in the State of Fi	orida.
1a. The name of the corporation is: Key Vo	pice Technologies, Inc.
1b. Date of incorporation 3/11/96	Document number
2. The name and address of the current reging CSC Networks, 1201 Hays Street, 7	
3. The name and address of the new registe (P.O. Box Not Acceptable)	AD W
c/o C T CORPORATION SYSTEM, 1200 South F	ine Island Rd., Plantation Florida 33324
The street address of its registered agent and of its registered agent as changed will be idea. Such change was authorized by resolution duan officer so authorized by the board.	ntical.
SIGNATURE October Z, 1998 DATE	Christian L. Becken, Senior Vice President (Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AS PROCESS FOR THE ABOVE STATED CORI IN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPA WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AN THE OBLIGATION OF MY POSITION AS RESIGNATURE	PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED CITY. I FURTHER AGREE TO COMPLY RELATIVE TO THE PROPER AND COM- ID I AM FAMILIAR WITH AND ACCEPT GISTERED AGENT. C T CORPORATION SYSTEM

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

CR2E045 (7-91)

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)