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Florida Department of State

Division of Corporations Public Access System

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To:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

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REGISTERED AGENT CHANGE

TTI NATIONAL, INC.

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

statement of cha	unge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Deleware gred agent, or both, in the State of Florida.	
1. The name of	the corporation: TTI NATIONAL, INC.		
2. The principal	office address: 22001 LOUDOUN CTY.	PKWY. ASHBURN VA 20147	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 04/16/1996	Document number: F96000001908	_
	d street address of the current registered a riment of State:	gent and registered office on file with the	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET, SUITE 105		
	TALLAHASSEE FL 32301	06	
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and for registered office	v.
	C T Corporati	Ori Sanctions	2
	c/o C T Corporation System, 1	200 South Pine Island Road	T.
	(P.O. Box NOT acceptable Plantation, Flo		5
Such change we authorized by the	as authorized by resolution duly adopte the board, or the corporation has been not would also been not be the corporation has been not bee	address of the business office of its registered agent d by its board of directors or by an officer so stilled in writing of the change. Kyndra Worrell, Assistant Secretary	4
I hereby accept I further agree of my duties, an accument is become and accument By:	the appointment as registered agent an to comply with the provisions of all stated a familiar with and accept the obling filed merely to reflect a change in the bean notified in writing of this change CT Corporation System	(Prince of type time the time) Id agree to act in this capacity, utes relative to the proper and complete performance ligation of my position as registered agent. Or, if the e registered office address, I hereby confirm that the [Pais]	e is e
If signing on be	half of an entity: JAMES M. NEWSOME Special Assistant Secretary yped of Printed Name)		
•	* * * FILING FI	Æ: \$35.00 * * *	
M CB2E045 (8/05)	MAKE CHECKS PAYABLE TO FLO AIL TO: DIVISION OF CORPORATIONS, P	ORIDA DEPARTMENT OF STATE O. Box 6327, Tallahassee, PL 32314	

TOTAL P.02

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