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PICK-UP	☐ WAIT	MAIL		
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FILED

402250,00524,00672 2/3/09



ACCOUNT NO. : 072100000032

REFERENCE: 870947 7237037

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: January 26, 2009

ORDER TIME : 11:35 AM

ORDER NO. : 870947-087

CUSTOMER NO: 7237037

CHANGE OF AGENT

NAME: SAGE SOFTWARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of $\underline{ar{}}$	Virginia
1. The name of	the corporation: SAGE SOFTWAR	E, INC.	
	office address:ology Dr. Irvine, CA 92618		
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 05/03/1996	Document number: F96000	0002221
	d street address of the current registered agestment of State:	ent and registered office on file with	h the
	C T Corporation System		7A 1A
•	1200 South Pine Island Road		2009 FEB SECRET
/	Plantation, FL 33324		B-2 HASSI
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered offi	PH 3: 3:
	Corporation Service Company		35 ST
	1201 Hays Street (P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	registered agent,
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
Maleur Cell Signature of an officer or director)		Maureen Cullen, Attorney in Fact (Printed or typed name and title)	
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	ites relative to the proper and com	plete performance l agent. Or, if this y confirm that the
By: (tion Service Company	01/27/2009 (Date)	
If signing on be	half of an entity:		
	Pl, Asst. Vice President Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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