## F96000003636

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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B. KOHR

DEC - 3 2008

**EXAMINER** 



ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: November 24, 2008

ORDER TIME : 10:33 AM

ORDER NO. : 803518-008

CUSTOMER NO: 7392560

## CHANGE OF AGENT

NAME: GLOBALCOM INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 statement of change is submitted for a corporation organized under the section of the se	
in order to change its registered office or registered agent, of	
1. The name of the corporation: GCI GLOBALCOM INC.	
2. The principal office address: 200 East Randolph Street, 2	3rd Floor
Chicago, IL 60601	35KT 1001, 35 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	The state of the s
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/18/1996 Docum	ment number: F9600003636
5. The name and street address of the current registered agent and reg Florida Department of State:	
NRAI Services, Inc.	. 48
2731 Executive Park Drive, Suite 4	DEC.
Chicago, IL 60601	TE P
6. The name and street address of the new registered agent (if change (if changed):	ed) and /or registered office
Corporation Service Company	
1201 Hays Street	\ 
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of as changed will be identical.	the business office of its registered agent,
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in wr	rd of directors or by an officer so iting of the change.
Maured (Signature of an officer of director)  Maured	en Cullen, Attorney in Fact (Printed or typed name and title)
I hefeby accept the appointment as registered agent and agree to a lighther agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of n document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.  Corporation Service Company	act in this capacity. e to the proper and complete performance ny position as registered agent. Or, if this I office address, I hereby confirm that the
By: Sin Quantum Novem	nber 25, 2008
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP  (Typed or Printed Name)	
* * * FILING FEE: \$35.00	***

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