

ACCOUNT NO. : 072100000032

REFERENCE :

461164

4362477

AUTHORIZATION

COST LIMIT

ORDER DATE: July 14, 1997

ORDER TIME :

9:33 AM

ORDER NO. :

461164-030

CUSTOMER NO:

4362477

700002246407--0

CUSTOMER: Kim Norton, Legal Assistant Safeguard Scientifics, Inc. 800 The Safeguard Building

435 Devon Park Drive Wayne, PA 19087-1945

CHANGE OF AGENT

NAME:

RMS INFORMATION SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

## 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 sec Florida Statutes, the undersigned DELAWARE Submits the following	l corporation organiz	7.0502, 607.1508, or ed under the laws of t order to change its reg	he Sta	te of	_
or registered agent, or both, in the	ne State Florida.	order to change its let	jistered	1 OTTICE	3
1a. The name of the corporation	is:		₹	ø.	
RMS INFORMATION SYSTEMS, INC.			LECH	ال 1	1-1X=13
1b. Date of incorporation:	. 10/2/96	Document number	HASS	24	usuz Journal
2. The name and address of the current registered agent and office:  C T CORPORATION SYSTEM				PN 2: (	
1200 SO. PINE ISLAND Road	PLANTATION	FL	DA.	33324	•
3. The name and address of the (P.O. Box Not Acce		nt and office:			•
CORPORATION SERVICE COMPANY					
1201 Hays Street, Tallahassee, Florida 3	2301				•
The street address of its registere of its registered agent as change	d will be identical.				
Such change was authorized by an officer so authorized by the bo	resolution duly adop pard.	ted by its board of dire	ctors (	or by	
St. K. Will	— Wi:	William L. Vest, VP-F&A			
SIGNATURE June 16, 1997	Туре	d or printed name and	title	<del></del>	
DATE	<del></del>				
JANJING BEEN NAMED AC DEGI					

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: 100 110 ASST VICE PRESIDENT

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