CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

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CERTIFIED COPY	cus	
Х РНОТО СОРУ	XFILING RA Change	
1.) Endisoute Inc. (CORPORATE NAME & DOCUMENT#)		
2.)(CORPORATE NAME & DOCUMENT #) 3.)	3000027822334 -02/22/9901025003 *****35.00 *****35.00	
(CORPORATE NAME & DOCUMENT #) 4.) (CORPORATE NAME & DOCUMENT #)	SE SE	
5.)(CORPORATE NAME & DOCUMENT #)	FILED FEB 22 PM CRETARY OF ST LAHASSEE, FLO	
SPECIAL INSTRUCTIONS	ORIDA A 47	
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508 rporation organized under the laws of the State of <code>_DELAWARE</code>	, Florida Statutes, the
•	owing statement in order to change its registered office or registered	l agent, or both, in the
State of Florida		
1. The name of	the corporation is: ENDISPUTE, INC.	
2. The mailing a	ddress of the corporation is: 1920 MAIN STREET, SUITE 3	00, IRVINE, CA 92614
3. Date of inco	rporation/qualification: 6/18/97 Document number:	F97000003203
4. The name and	d address of the current registered agent and office:	- : :
	NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE	99 FF SECRE
5. The name and	TALLAHASSEE, FL 32301 I address of the new registered agent and office: (P. O. Box Not Acce	PETAS OF PROPERTY OF THE PROPE
	PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303	STATE STATE
The street addragent, as chang	ess of its registered office and the street address of the business of ed, will be identical.	fice of its registered
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors the board.	or by an officer so
Signatur Julie	Sager VP + Chief Financial (Finited or typed name and title) Officer	(Date) (0/15/9 8 (Date)
corporation, I i I further agree	amed as registered agent and to accept service of process for the a hereby accept the appointment as registered agent and agree to a to comply with the provisions of all statutes relative to the proper my duties, and I am familiar with and accept the obligation of m tt.	ct in this capacity. · and complete
,	Signature of Registered Agent) (D: LINER, ASSISTANT SECRETARY If of an entity:	1.5 fo fg &
	Typed or Printed Name) (Capacit	y)

CR2E045(4/95)

FILING FEE: \$35.00