F9700003568

October 4, 2000

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

900003419369--9. -10/09/00--01086--015 *****35.00 ******35.00

Attn: Corporate Filing Dept.

Re: CALIBER LEARNING NETWORK, INC.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 5453 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Ollanie Case

Delanie Case

enclosures

PACIA

AGENT OR BOTH FOR CORPORATIONS

submits the fo the State of Fi		its registered office or registered agent, or b	oth, in
	of the corporation is: CALIBER LEARNIN	NG NETWORK, INC.	
		-	
2. The mailing	g address of the corporation is: 1000 La	ancaster, Baltimore, MD 21202	**.
3. Date of inc	corporation/qualification: 7/9/97	Document number: F9700000356	8
4. The name a	and address of the current registered ag	ent and office:	
	NRAI Services, Inc.		
	526 East Park Avenue		8
	Tallahassee, FL 32301		g
5. The name a	and address of the new registered agent	and office: (P. O. Box Not Acceptable	نست ا
	Capitol Corporate Services, Inc.		9
	1333 North Duval	FILE	
	Tallahassee, FL 32303		5 5
The street add	dress of its registered office and the st	reet address of the business office of its re	stered
		opted by its board of directors or by an office	
	A A A A A A A A A A A A A A A A A A A		
(Signatu	ure of an officer, chairman or vice chairman of the	board) × 9/29/00 (Date)	
Robert	(Printed or typed name and title)	Sec.	
Having been to corporation, I further agre performance registered age	named as registered agent and to acco I hereby accept the appointment as re se to comply with the provisions of all of my duties, and I am familiar with a sent.	ept service of process for the above stated gistered agent and agree to act in this capac statutes relative to the proper and complete and accept the obligation of my position as	city.
Ola	. Capitol Corporate Services, Inc.	× 10-4-00	
<u> </u>	(Signature of Registered Agent)	(Date)	-
f signing on beh	half of an entity:		
Delanie Case		Asst. Sec.	
	(Typed or Printed Name)	(Capacity)	_

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS