Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : I20080000023 Phone : (651)225-9500 Fax Number 1 (651)225-9579

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

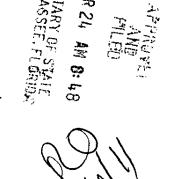
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REGISTERED AGENT CHANGE WESTCON, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help



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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, or 617.1508, Florida Statute statement of change is submitted for a corporation organized under the laws of the State of North in order to change its registered office or registered agent, or both, in the State of Florida.	n Dakota	_
1. The name of the corporation: Westcon, Inc.		
2. The principal office address: 7401 Yukon Drive, Bismarck, ND 58503		
3. The mailing address (if different): P.O. Box 1735, Bismarck, ND 58502	_	
	0000375	<u> </u>
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
CT Corporation System	₹	
1200 South Pine Island Road	7117 7038	== ===================================
Plantation, FL 33324	HAR 2 CRETA LAHAS	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	CRETARY OF S LAHASSEE, FL	:8 MV 1
NRAI Services, Inc.		848
P.O. Box 1735, Bismarck, ND 58502	ξ., · · ·	ω,
P.O. Box NOT acceptable		
Tallahassee, FL 32301		
The street address of its registered office and the street address of the business office of its registered will be identical.	istered age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so	
Significate of an officer or director Printed or typed name and title		-
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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in writing of this change. NRAI Services, Inc. 1800.	performa nt. Or, if t nfirm that t	nce his he
by: Signsture of Registered Agent 3 2 of Date		_
If signing on behalf of an entity:		
Sue Johnson, Asst. Secretary 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)