

## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 Phone

: (850)521-1000

: (850)558-1575

Fax Number

## REGISTERED AGENT CHANGE

PER-SE TRANSACTION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of change is submitted j	fors 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Ohio
	gistered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	ER-SE TRANSACTION SERVICES, INC.
2. The principal office address: 5	995 Windward Parkway, Alpharetta, GA 30005
3. The mailing address (if different Attn: Melissa Wu	t): c/o McKesson Corporation, One Post Street, San Francisco, CA 94104
4. Date of incorporation/qualificat	tion: 07/21/1997 Document number; F97000003785
	the current registered agent and registered office on file with the
Corporation Serv	ice Company .
1201 Hays Street	·
Tallahassee, FL	32301-2525
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
The Prentice-Hal	l Corporation System, Inc.
1201 Hays Street	
	(P.O. Box NOT acceptable)
Tallahassee, FL	32301
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its registered agent,
Such change was authorized by anthorized by the board, or the c	resolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
Melison U	Melissa Wu, Assistant Secretary
(Signature of an officer or direct I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar w document is being filed merely to corporation has been notified in The Prentice-Hall Corporation By:  (Signature of Registered A  If signing on behalf of an entity:	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete performance vith and accept the obligation of my position as registered agent. Or, if this o reflect a change in the registered office address, I hereby confirm that the writing of this change.  System, Inc.
Michelle R. Vannoy, Assistant VP	·
(Typed or Printed Name)	<del></del>
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314