

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (650)222-1092

Phone

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

OCTAGON, INC.

Certificate of Status	0
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T. Roberts MAY 2 1 2008)

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes range is submitted for a corporation organized under the laws of the State of District	
	ter to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Octagon, Inc.	<u> </u>
2. The principa	al office address; 1751 Pinnacle DR, Suite 1500, McLean, VA 22102	
3. The mailing	address (if different):	
4. Date of inco	reporation/qualification: 07/21/1997 Document number: F97000003834	
The name as Florida Depart	and street address of the current registered agent and registered office on file with the artment of State:	٠.
	Corporation Service Company	世 き
	1201 Hays Street, Tallahassee, FL 32301	2
	Tallahassee, FL 32301	20,73
6. The name an (if changed)	nd street address of the new registered agent (if changed) and /or registered office:	FOR THE
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	.
	(P.O. Box NOT acceptable)	
	Plantation, Florida 33324	
The street add as changed wi	tress of its registered office and the street address of the business office of its regi ill be identical.	stered agent,
Such change vanishorized by	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	80 SO
(Sign	Mark Eppley, Attorney in Fact altye of an officer distribution (Franked or typed name and title)	
I hereby accept further agree of my duties, a document is becomporation h	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age eing filed merely to reflect a change in the registered office address. I hereby con as been notified in writing of this change.	performance nt. Or, if this yirm that the
Ву:	Signard of Registered System (Carlo) Signard of Registered System (Carlo)	
If signing on l	behalf of an entity: Mark S. Eppley Assistant Vice-President and Secretary	
	(Typed of Printed Name)	
	* * * FILING FEE: \$35.00 * * *	
) CR2E045 (8/05)	Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	ļ

FL006 - 09/14/2005 C Y System Onlina