## F97000006281

## **CT** CORPORATION

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Professional Software Eng	gineering, Inc.		<b>-</b>
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() Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	() Mark ASSE	TLED
() Limited Partnership	() Annual Report	() Other	
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Tel. 850 222 1092 Fax 850 222 7615

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

the undersigned corporation organized under the laws of the State of _	Virginia			
submits the following statement in order to change its registered offic	e or registered agent ar both in			
the State of Florida.  1. The name of the corporation:				
Professional Software Engineering, Inc.	APR AND			
	SSE 2			
2. The mailing address of the corporation:				
477 Viking Drive, Suite 400, Virginia Beach, VA 23452				
3. Date of incorporation/qualification: Docume	nent number: <u>F9700000088</u> ,			
4. The name and address of the current registered agent and office:				
Herman Robertson				
1116 Michigan Avenue	· ·			
Lynn Haven, Florida 32444				
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box <b>Not</b> Acceptable)				
CT Corporation System				
c/o CT Corporation System, 1200 South Pine Island R	oad			
Plantation, Florida 33324				
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered			
Such change was authorized by resolution duly adopted by its board authorized by the board.	of directors or by an officer so			
(D) Of my	04/12/2002			
(Signature of an officer, chairman of vice chairman of the board)	(Date)			
Paul K. Wong, President				
(Printed or typed name and title)	•			
Having been named as registered agent and to accept service of proceed corporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblinegistered agent.	cess for the above stated d agree to act in this capacity. o the proper and complete igation of my position as			
Abarac	y/solow			
(Signature of Registered Agent)	(Date)			
If signing on behalf of an entity:  Judith B. Argao Asst. Secretary & V. Presi	dent			
(Typed or Printed Name)	(Capacity)			
* * * FILING FEE: \$35.00 * * *				

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