

## Florida Department of State

Division of Corporations **Public Access System** 

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Account Name Account Number : FCA00000023

. C T CORPORATION SYSTEM

Phone

(850)222-1092

Fax Number

(850) 878 - 5926

### REGISTERED AGENT CHANGE

#### PB MAPINFO CORPORATION

Certificate of Status	0
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2007 JUN -8 AM 9: 23

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

statement of change is	ions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of <u>Delaware</u> ange its registered office or registered agent, or both, in the State of Florida.	
1. The name of the co	poration: PB Mapinfo Corporation	
2. The principal office	address: One Global View , Troy NY 12180-8371	
3. The mailing address	s (if different):	
4. Date of incorporation	m/qualification: 12/04/1997 Document number: P97000006447	
5. The name and street Florida Department	address of the current registered agent and registered office on file with the of State:	
	CORPORATION SERVICE COMPANY	
<del></del>	1201 HAYS STREET	
	TALLAHASSES FL 32301-2525 US	
6. The name and stree (if changed):	address of the new registered agent (if changed) and /or registered office	
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Sox NOT sexuable) Plantation, Florida 33324	
The street address of as changed will be id-	ts registered office and the street address of the business office of its registered agent, middle.	
	orized by resolution duly adopted by its board of directors or by an officer so	
<u>Odkir</u>	Patricia M. Johnson, Assistant Secre	etary
I hereby accept the a I further agree to com of my duties, and I an document is being file corporation has been	pointnleng as registered agent and agree to act in this capacity.  ply with the provisions of all statutes relative to the proper and complete performance familiar with and accept the obligation of my position as registered agent. Or, if this d mately to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	
ву:	an Gruson 6/8/02	
f signing on behalf of	an entiry: Assistant Secretary	
(Typed or	Printed Name)	
	* * * FILING FEE: \$35.00 * * *	
MAIL TO 282E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314	

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