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SECRETARY OF STATE

R-A.Chq.
C.COULLIETTE

SEP - 9 2011

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Applied Research Associates, Inc. Name of Corporation							
DOCUMENT NUMBER:	NUMBER: F9800000099						
The enclosed Statement of Change of R	egistered Office/Ager	t and fee are submitted for filing.					
Please return all correspondence concer	ning this matter to the	following:					
Theresa Rhodes							
Name of Contact Person							
Applied Research Associates, Inc. Firm/Company							
	Time Company						
4300 San Mateo Blvd. NE, Suite A220							
	Address	·					
		•					
Albuquerque, NM 87110 City/State and Zip Code							
City/State and Zip Code							
trhodes@ara.com E-mail address: (to be used for future annual report notification)							
E-man address: (to	be used for future a	innual report notification)					
For further information concerning this	matter, please call:						
Theresa Rhodes	at (505) 881-8074					
Name of Contact Person		505) 881-8074 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payab	le to the Department o	f State.					
Mailing Addre Amendment S	<u>38:</u> ⊇ction	Street Address: Amendment Section					
Division of Co	orporations	Division of Corporations					
P.O. Box 6327 Tallahassee, F		Clifton Building					
i alialiassee, i	L 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

in ord	ange is submitted for a confer to change its registered the corporation: Applied office address: 4300 S	d office or registered ed Research A	l agent, or both, in the Sta Associates, Inc.	te of Florida.		
2. The principa	i office address: 4000 C	ar water bive.	ita, concreto, rac	aquorquo, rui	101110	
3. The mailing	address (if different):					
4. Date of inco	F980000	00099				
	d street address of the cur artment of State: (If resign		t and registered office on	file with the		
	David H. Artman					
	421 Oak Avenue					
	Panama City, FL 3	2401				لال
6. The name an (if changed):	d street address of the nev	w registered agent (i	f changed) and /or registe	red office	TH SEP -8	SEUNE T
	Glen McDonald	· · · · · · · · · · · · · · · · · · ·			Ó	FCO
	430 W. 5th Street,				3	29
	Panama City, FL 3	P.O. Box NOT acc	eptable		1 0	08/A
The street addr	ress of its registered office I be identical.	 	lress of the business office	ce of its registere		
_ ,	vas authorized by resolut the hoard, or the corpora					
, ,	ure of an officer or director		Frank A.			
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the provi nd I am familiar with and ing filed merely to reflect is been notified in writing	istered agent and a isions of all statute: d accept the obliga et a change in the re g of this change.	gree to act in this capact s relative to the proper a tion of my position as re gistered office address,	ity nd complete per gistered agent. I hereby confirm	formance Or, if this 1 that the	
Men	MNandel		8-30-	-//		
	gnature of Registered Agent		Date			
If signing on b	ehalf of an entity:					
Glen R	McDonald 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)