Division of Corporations Public Access System

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TO:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Fax Number

: (850)222-9428

## REGISTERED AGENT CHANGE

FORSYTHE SOLUTIONS GROUP, INC.

Certificate of Status	
Certified Copy	0
Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 6	117.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement of change is submitted for a corporat	ion organized under the laws of the State of	
llinois in order to change its registe	ered office or registered agent, or both, in the State	
of Florida.		
1. The name of the corporation: Forsythe Solutions Gr	oup, Inc.	
2. The principal office address: 7500 Frontage Road Skokie, IL 60077		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 3/16/98	Document number:	
5. The name and street address of the current register Florida Department of State:		
CORPORATION SE	ERVICE COMPANY	
1201 HAY	'S STREET	
TALLAHASSE	E FL 32301-2525	
6. The name and street address of the new register changed):	ared agent (if changed) and /or registered office (i	
	ation System	
ela C.T.Com	oration System	
	ailbox NOT acceptable)	
1200 South Pine Island Ros	nd, Plantation, Florida 33324	
The street address of its registered office and the sagent, as changed will be identical.	treet address of the business office of its registered	
Such change was authorized by resolution duly ad- authorized by the board, or the corporation has been	opted by its board of directors or by an officer so an notified in writing of the change. Nicole Visnyak - Vice President	
(Sumature of an others, ensumer, or vice chapman of the board)	(Printed or typed name and tale)	
I hereby accept the appointment as registered age I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent. Or, if this document is being file office address, I hereby confirm that the corporation CT Corporation System	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as a merely to reflect a change in the registered on has been notified in writing of this change.	
By: M. H.	11/7/03	
(Signate of Registered Agent)  If signing on behalf of an entity:  James M. Halpin	(Date)	
(Typed or Printed Name) stant Dooretary	(Capacity)	
	EE: \$35.00 * * *	

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