Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000212630 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

the email address for this business entity to be used for future hual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE VIANT PAYMENT SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: VIANT Payment S	ystems, Inc.
DOCUMENT NUMBER: F980000	1829
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
• • • • • • • • • • • • • • • • • • • •	•
Name of Co	ntact Person
Firm/Co	ompany
Add	ress
City/State an	ad Zip Code
Diana.Shamayev@	MultiPlan.com
E-mail address: (to be used for fi	iture annual report notification)
For further information concerning this matter, please c	all.
rot turmer miorination concerning due matter, prease c	
	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	ment of State.
	
Mulling Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Jailanaceae HT 474DT

CR2E045 (8/05)

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

statement of ci	lange is submitted for a corpor	102, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of	Delaware
		ice or registered agent, or both, in the State of	Florida.
1. The name of	the corporation; VIANT PAY	MENT SYSTEMS, INC.	
2. The princips	l office address: 535 EAST DI	EHL ROAD SUITE 100 NAPERVILLE IL 6056	3
3. The mailing	address (if different): 495 OLD	CONNECTICUT PATH SUITE 220 FRAMING	GHAM MA 01701
4. Date of incom	poration/qualification:	03/31/1998 Document number:	F98000001829
The name an Florida Depa	d street address of the current r rtment of State: (If resigned, e	registered agent and registered office on file wanter resigned)	ith the
	CORPORATION SERVICE	COMPANY	
	1201 HAYS STREET		-
	TALLAHASSEE FL 32301-25	525	
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered off	DIOSEP 27 SECRETARY ALLAHASSE
	C T Corporation System		8 2 N
	c/o C T Corporation System, 12	200 South Pine Island Road	
		P.O. Box NOT ecoptable	99
	Plantation, Florida 33324		- 5
The street address changed will	ess of its registered office and be identical.	the street address of the business office of it	s registered agent,
Such change was authorized by th	es authorized by resolution du be board, or the corporation h	ily adopted by its board of directors or by an as been notified in writing of the change.	officer so
		Florence Merceron, Sec	cretary
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cormather ordinates the appointment as registered o comply with the provisions of I am familiar with and acce ng filed merely to reflect a chi been notified in writing of th	Printed or types name and the depart and agree to act in this capacity, of all statutes relative to the proper and compt the obligation of my position as registered ange in the registered office address, I here is change.	
	Corporation System RACAS # AU 1/4 autir of Registered Agent	9/21/10 Date	
If signing on bel	nalf of an entity:		
	Barth, Assistant Secretary		
	ped or Printed Name		
	* * * PD	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)