## 48000003678



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ACCOUNT NO. : 072100000032

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REFERENCE :

833387

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: September 18, 2000

ORDER TIME: 9:52 AM

ORDER NO. : 833387-015

CUSTOMER NO: 4332209

CUSTOMER: Ms. Joanne Drogemuller

The Thomson Corporation 900003400689--1

One Station Place

Metro Center

Stamford, CT 06902

CHANGE OF AGENT

NAME:

THE DIALOG CORPORATION OF

DELAWARE

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

C. COULLIETTE SEP 2 1 2000

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

		617.0502, 607.1508, or 6. aws of the State of		
· · · · · · · · · · · · · · · · · · ·	-	e its registered office or re	* ***	
the State of Florida.		a management egyete en neg	general agents, or bons, and	
1. The name of the corp	poration is:THE DIALOG	CORPORATION OF DELAWARE		
_	of the corporation is:110	000 Regency Parkway St	rite 10	
3. Date of incorporation	n/qualification: Delaware	Document nu	ımber: <u>F98000003678</u>	
4. The name and address	ss of the current registered a	agent and office:		
C T Co	C T Corporation System		<u>40</u> 8	
1200 s	outh Pine Island Road		ot Acceptable)	
Planta	tion, FL 33324		_ 慧心也	
5. The name and address	ss of the new registered age	nt and office: (P. O. Box No	t Acceptable	
Corpor	ation Service Company		755	
1201 н	ays Street			
Tallah	assee, Florida 32301	:	<u> </u>	
The street address of it agent, as changed, will t	s registered office and the pe identical.	street address of the busine	ess office of its registered	
Such change was autho authorized by the board.	rized by resolution duly ac	lopted by its board of direc	ctors or by an officer so	
al Indo			Sept. 13, 2000	
(Signature of an offi	icer, chairman or vice chairman of	the board)	(Date)	
JOGNUE DROGEMINLER, ASSISTANT SECRETARY (Printed or typed name and title)				
corporation, I nereby ac I further agree to compl	ccept the appointment as re v with the provisions of all	ept service of process for the gistered agent and agree to statutes relative to the prope nd accept the obligation of n	act in this capacity. er and complete	
	h h	e e	10/00	
(Signature	of Registered Agent)	(Date	)	
If signing on behalf of an entity	y:			
Louise B. Smith			Asst. Vice President	
(Typed or Printed Name) (Capacity)				
* * * FILING FEE: \$35.00 * * *				

CR2EO45(7/97)