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ACCOUNT NO. : 072100000032

REFERENCE : 099691 7231473

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: May 20, 2003

ORDER TIME : 3:35 PM

ORDER NO. : 099691-310

CUSTOMER NO: 7231473

CUSTOMER: Ms. Nita O'neal

Radioshack Corporation

Suite 1700

100 Throckmorton Street Fort Worth, TX 76102

CHANGE OF AGENT

NAME: NACOM CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi

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

	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	corporation organized under the laws of the State of
-	its registered office or registered agent, or both, in the State
of Florida.	
1. The name of the corporation: NACOM COR	PORATION
2. The principal office address: Suite 200), 6525 W Campus Oval
New Albany, OH 43054	
3. The mailing address (if different): PO Bo	эх 1643
Ft. Worth, TX 76101-1643	9
4. Date of incorporation/qualification: Jul	y 22, 1998 Document number: F9800001175
5. The name and street address of the curre Florida Department of State:	ent registered agent and registered office on file with the
CT Corporation System	
1200 South Pine Island	Road S
Plantation, FL 33324	
6. The name and street address of the ne changed): Corporation Service Com	w registered agent (if changed) and /or registered office (if
1201 Hays Street (P.O. Box o	r personal mailbox NOT acceptable)
Tallahassee, FL 32301 The street address of its registered office a agent, as changed will be identical.	and the street address of the business office of its registered
Such change was authorized by resolution authorized by the board, or the corporation	duly adopted by its board of directors or by an officer so n has been notified in writing of the change.
Signature of an officer, chairman or vice chairman of the boar	Laura R. Dunlap, Attorney in Fact (Printed or typed name and title)
l further agree to comply with the provision performance of my duties, and I am famili registered agent. Or, if this document is b	ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete for with and accept the obligation of my position as being filed merely to reflect a change in the registered orporation has been notified in writing of this change. (Date)
If signing on behalf of an entity:	N- T-T
Jeanine Reynolds	Assistant Vice President
(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *