## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 Phone

; (850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

DATAWAVE SERVICES (US) INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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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, 617.05 statement of change is submitted for a corporation organ	inized under the laws of the State of Novada
in order to change its registered office or regis	
1. The name of the corporation: DATAWAVE SERV	VICES (US) INC.
2. The principal office address:	
145 Route 46 West, 3rd Flr., Wayne, NJ 0747	0
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/11/1998	Document number: F98000004561
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the
NRAI Services, Inc.	
2731 Executive Park Drive, Suite 4	
Weston, FL 33331	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
Corporation Service Company	
1201 Hays Street	
(P.O. Box NOT acceptable	tc)
Tallahassee, FL 32301	
The street address of its registered office and the stree as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.
Munda	Maureen Cullen, Attorney in Fact
I hereby accept the appointment as registered agent a further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in a corporation has been notified in writing of this change.	(Frinted or typed name and title) and agree to act in this capacity, itules relative to the proper and complete performance pligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.
Corporation Service Company By:	07/02/2009
Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Elizabeth A. Dawson, Asst. Vice President	
(Typed or Printed Name)	TTD 70540444
* * * FILING F	EE: \$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)