

REFERENCE

792984

4325282

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: August 9, 2000

ORDER TIME : 9:22 AM

ORDER NO. : 792984-005

CUSTOMER NO:

4325282

200003358822

CUSTOMER: Ms. Karen Robb

Associates Corporation Of 250 Carpenter Freeway

Irving, TX 750622710

CHANGE OF AGENT

NAME:

ASSOCIATES COMMERCE SOLUTIONS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

DIVISION OF CORPORATION

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
he undersigned corporation organized under the laws of the State of DELAWARE ubmits the following statement in order to change its registered office or registered agent, or both, in
he State of Florida.
. The name of the corporation is: ASSOCIATES COMMERCE SOLUTIONS, INC.
2. The mailing address of the corporation is: 2500 LAKE COOK ROAD
RIVERWOODS, IL 60015
B. Date of incorporation/qualification: 09/17/1998 Document number: F98000005229
1. The name and address of the current registered agent and office:
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Saun Gold Signature of an officer, chairman of vice chairman of the board) (Date)
KAREN L. ROBB ASSISTANT SECRETARY (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
1/1 // 9/15/00
By: (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
TRED FERNANCE FORMANCE FORMANCE (Capacity)
· · · ·
* * * FILING FEE: \$35.00 * * *

CR2EQ45(7/97)

DIVISION OF CORPORATIONS P. O

P. O. Box 6327

TALLAHASSEE, FL 32314