

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**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.**

((H09000263010 3)))



H090002630103ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850) 617-6380

**From:**

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

2009 DEC 22 AM 10:25  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**  
**HOTEL INFORMATION SYSTEMS, INC.**

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

RECEIVED

2009 DEC 22 AM 8:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

RA  
 Cmg  
 88

12-23-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOTEL INFORMATION SYSTEMS, INC  
Name of Corporation

**DOCUMENT NUMBER:** F99000001055

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Joyce Hall  
Name of Contact Person

Firm/Company

135160 Morris Rd. Ste 4100  
Address

Alpharetta, GA 30004  
City/State and Zip Code

joycehall@infosys.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Hall at (404) 319-8981  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)

**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, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOTEL INFORMATION SYSTEMS, INC.
2. The principal office address: 800 LASALLE AVENUE, SUITE 2100  
MINNEAPOLIS MN 55402
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/24/1999 Document number: F99000001055
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Marie Henry SUP  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]  
Signature of Registered Agent

12/22/09  
Date

If signing on behalf of an entity:

Terence Hardley Asst. Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR28045 (8/03)

FILED  
2009 DEC 22 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA