## FILING REQUEST

July 24, 2001

## FLORIDA SECRETARY OF STATE

uniśearch ::

Type of Filing:

CHANGE OF AGENT

Subject(s):

CIERA NETWORK SYSTEMS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT



600004513036---C -08/02/01--01066--015

Supporting Document(s):

NONE

Check Enclosed:

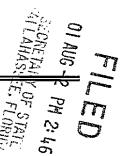
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PLEASE RETURN TO:

Unisearch, Inc.

590 Park Street, Suite 6

St. Paul, MN 55103

Tre any questi-

Please call me at 1-800-227-1256 if there are any questions.

Thank you! Sue Brodtmann

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

	uation our animal undou tha la	mus of the Ctate of TAYAS	
•	ration organized under the la statement in order to change	tis registered office or registered agent, or both,	in
the State of Florida.			, ,
	poration : Ciera Network	stemyno.	
2. The mailing address	of the corporation: 1250 Wo	ood Branch Park Dr., 6th Floor	
3. Date of incorporation	on/qualification: 05-11-99	Document number: F99000002427	
4. The name and addre	ss of the current registered ag	gent and office:	
Florida	incorporators inc.		
1221 B	rickell Ave., Suite 900		
·	FL 33131		
5. The name and addre		nt (if changed) and/or registered office (if changed of Acceptable)	<b>?</b>
NRAIS	ervices, Inc.		
<u>526 E. I</u>	Park Avenue	E PA	
Tallahas	ssee, FL 32301	25.00	Ċ
The street address of i agent, as changed, wil	ts registered office and the s I be identical.	treet address of the business office of its register	ed
Such change was auth authorized by the boar	orized by resolution duly add	opted by its board of directors or by an officer so	•
Signature of an off	our, chairman or vice chairman of the	7-23-01 (Date)	
	V	(Date)	
· · · · · · · · · · · · · · · · · · ·	nted or typed name and title)		
registerea agent.	s registered agent and to acc accept the appointment as re ply with the provisions of all ties, and I am familiar with o	cept service of process for the above stated egistered agent and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as	
NRAI Services, Inc.	Scodtman	7-23-01	
	of Registered Agent)	(Date)	
If signing on behalf of an e	<del>-</del>		
Sue Brodtmann, Asst. S (Typed or	ecretary Printed Name)	(Capacity)	

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314