## H04905

(Requestor's Name)	
(Address)	
(Address)	
, ,	
(City/State/Zip	(Dhone ff)
(Olty/Gtate/Zip	retione #j
PICK-UP W	AIT MAIL
(Business Ent	ty Name)
·	
(Document Nu	
(Document No	illiberj
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:



800010371698

02/04/03--01048--023 \*\*35.00

03 FEB "4 PH 2: 16

O3 FEB -4 PH 3: 2 SECREMAZOE STAI

Office Use Only

K.A. change

**T BROWN** FEB - 4 2003

## **CT** CORPORATION

February 4, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5768182 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Summus, Inc. (USA) (FL)

Change of Agent

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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,
the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Summus, Inc. (USA)
the State of Florida.  1. The name of the corporation: Summus, Inc. (USA)  2. The mailing address of the corporation: 434 Fayetteville St., STE 600, Raliegh, NC 27601  3. Date of incorporation/qualification: 5/10/1984  Document number: H04905
3. Date of incorporation/qualification: 5/10/1984 Document number: H04905
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box <b>Not</b> Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
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.
(Signature of an officer, chairman or vige) chairman of the board)  (Date)
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.  C I Capporation System
By: Date W. MOVIN ASSISTANT VICE PRESIDENT (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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