M02000002505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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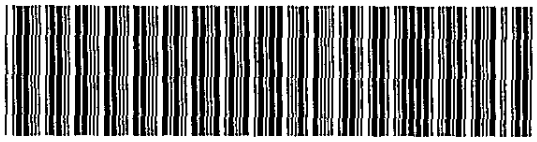

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TALLAHASSEE, FLORIDA

M02-2505

BLUME STODDARD

JAMES D BLUME
Attorney/Mediator
JENNIFER S STODDARD
Attorney

JOSHUA H NORTHAM
Attorney
KEVIN VANCE
Attorney

September 21, 2004

VIA FIRST CLASS MAIL

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *Glidepath, LLC and Glidepath Systems, LLC*

To Whom It May Concern:

We represent the above referenced companies, Glidepath, LLC and Glidepath Systems, LLC. Enclosed, please find two company checks in the amount of $25.00 ($50.00 total) for the filing fee for the Statement of Change of Registered Office or Registered Agent for **both** Glidepath, LLC and Glidepath Systems LLC. Also enclosed for your convenience is a self addressed stamped envelope for you to return the file stamped copies to our office.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

Marcy Berman

Marcy Berman
Paralegal

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TALLAHASSEE, FLORIDA

MAB/s

Enclosures

6688 N. Central Expressway, Suite 600 Dallas, Texas 75206
P 214.373.7788 F 214.373.7783 E blumesto@blumestoddard.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Glidepath LLC

2. The mailing address of the limited liability company is : 6688 North Central Expressway Suite 600, Dallas, Texas 75206

9/23/2002 — 3. Date of filing/registration in Florida

M02000002505 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Coporation
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

Registered Agents Legal Services, Inc.
Name
1333 North Duval Street
Florida street address (P.O. Box NOT acceptable)
Tallahasee, FL 32303
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James D. Blume
(Signature of a member or authorized representative of a member)

James D. Blume, Attorney in Fact
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael W. Ashley, VP MICHAEL W. ASHLEY
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: $25.00