Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092 Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

SBA GERMANY, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

FLISH - IVAL THE C T STATES OFFICE

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

Pursuant to the provisions of sections 607.0502, 617. the undersigned corporation organized under the laws	
submits the following statement in order to change its	• • • • • • • • • • • • • • • • • • • •
the State of Florida.	
1. The usure of the corporation : SBA Germany, Inc.	
•	
2. The mailing address of the corporation :	
5900 Broken Sound Boulevard, N.W., Au; Legal Departme	nt, Boes Raton, Florida 33487
3. Date of incorporation/qualification: October 20, 2000	Document number: P00000099186
4. The name and address of the current registered agent	and office:
Corporation Service Company	P. C.
1201 Hayes Street	五
Tallahasacc, Florida 32301	
5. The name and address of the new registered agent (if	changed) and/or registered office (if changed)
(P. O. Box Not A	
C T Corporation System	
e/o C T Corporation System, 1200 South Pine	sland Road,
Plantation, Florida 33324	
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	
authorized by the board.	-1.4.3
(Neparture of an officer, chairman or vice chairman of the board	7/2/2003
<i>(</i>)	, ,,
James A. Bordonaro, Vice President , ATTORIEM 10 FACT (Frinted or typed name and title)	
Having been named as registered agent and to accept to corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and to	service of process for the above stated ered agent and agree to act in this capacity. wes relative to the proper and complete accept the obligation of my position as
registered agent. C T Corporation System	man a man managa
Sy: (Signature of Regulated Agent)	7-/7-03 (Date)
If signing on behalf of an entity:	(mate)
Barbara A, Burke	Special Assistant Secretary
(Typed or Printed Name)	(Capacity)
* * * FILING FEE;	\$35.00 * * *
CR2E045(9/00)	
DIVISION OF CORPORATIONS P.O. ROY 6327	Tallawarene HI 30214