

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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SECRETARY OF STATE DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

NETWORK CLAIMS SOLUTION USA, INC.

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11/27/01

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

Fursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu	le:
and an according to the control of the control of the state of the sta	
submits the following statement in order to change its registered office or registered agent, or both, the State of Florida.	Ź
I. The name of the corporation; Network Claims Solution USA, Inc.	
2. The mailing address of the corporation: F.O. Box 990684	_
Naples, FJ. 34116	
3. Date of incorporation/qualification: 9-25-01 Document number: P01000094201	_
4. The name and address of the current registered agent and office:	
CLASP Inc.	
3001 Tamlami Trail North, 4th Floor	
_Naples, FL 34103	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)	•
(F. O. Box Not Acceptable)	
Edward L. Tietboehl	
740 19th Street SW	
Naples, FL 34117	
The street address of its registered office and the street address of the business office of its registere agent, as changed, will be identical.	ď
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
Educat In Drawth	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Edward L. Tistboehl, President (Printed or typed name and file)	
Having been named as registered as reciprocal assets at the	
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 diffies, and I am familiar with and accept the obligation of my position as	
(Signature of Registered Agent) (Date) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
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DIVISION OF COMPORATIONS P.O. BOX 6527 TAILAMAGED TO 27214	