Polaus

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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A SIN

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606

(312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

November 12, 2004

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Hattech, Inc.
LISN, INC.
Orius Central Office Services, Inc.
Orius Corp.
Orius Telecom Services, Inc.
Orius Telecommunication Services, Inc.
Texel Corporation

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc.

Encl.

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 Statute change is submitted for a corporation organized under the laws of the State of Ohio to change its registered office or registered agent, or both, in the State of Florida. | s, this statement of in order |
|---|---|
| 1. The name of the corporation: LISN, Inc. | |
| 2. The principal office address: 1000 Hart Road, Suite 140, Barrington, Il 60010 | <u> </u> |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 3/201984 Document number: P01263 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| CT CORPORATION SYSTEM | |
| 1200 S. PINE ISLAND ROAD | |
| PLANTATION FL 33324 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): NRAI Services, Inc. | 04 NOV 19 |
| 526 E. Park Avenue | OF S |
| (P.O. Box or personal mailbox NOT acceptable) | 9: 3 STATI LORIII |
| Tallahassee, FL 32301 | O DA |
| The street address of its registered office and the street address of the business office of its registered will be identical. | stered agent, as |
| Such change was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change. | er so authorized by |
| John Starr, Secretary (Printed or typed name an | id title) |
| 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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or being filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. NRAI Services, Inc. by: November /-, 2004 (Signature of Registered Agent) | performance of my , if this document is corporation has |
| If signing on behalf of an entity: | |
| Anthony J. Alexander Asst. Secretary (Typed or Printed Name) (Capacity) | |

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