## P01324

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## **FILING REQUEST**

January 12, 2004

## FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

INRANGE TECHNOLOGIES CORPORATION

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #13851 FOR \$35.00

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REGULAR MAIL

Filing Method:

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PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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

change is subm	provisions of sections 607.0502, 617.05 pitted for a corporation organized under gistered office or registered agent, or bo	, , , , , , , , , , , , , , , , , , , ,	tement of in order
1. The name of	the corporation: Inrange Technologies	s Corporation	
2. The principal	office address: 6000 Nathan Lane No	orth, Plymouth, MN 55442	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 03/22/1984	Document number: P01324	
	d street address of the current registered rtment of State:	agent and registered office on file with the	
	CT Corporation System	TALL	2
	1200 South Pine Island Road	ARET	7
	Plantation, FL 33324		16
6. The name and (if changed):	d street address of the new registered age NRAI Services, Inc.	ent (if changed) and /or registered office	M 9: 52
	526 E. Park Avenue		*
		mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addr changed will be	ess of its registered office and the stree e identical.	et address of the business office of its registered age	nt, as
Such change withe board, or the	as authorized by resolution duly adopte corporation has been notified in writing	ed by its board of directors or by an officer so authing of the change.	or <b>ized</b> by
$$ $m_2$	Signature of an officer or director)	Jeff Bertelsen, Treasurer (Printed or typed name and title)	
veen nonjieu m	the appointment as registered agent a to comply with the provisions of all sta n familiar with and accept the obligation ely to reflect a change in the registered writing of this change.	nd agree to act in this capacity. tutes relative to the proper and complete performa on of my position as registered agent. Or, if this do I office address, I hereby confirm that the corporat	nce of my ocument is ion has
NRAI Services	/3W047Wor	1-12-04	
If signing on be	(Signature of Registered Agent)  chalf of an entity:	(Date)	
Sue Brodtman	nn	Asst. Secretary	
	(Typed or Printed Name)	(Canacity)	<del></del>

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