P02236

(Re	equestor's Name)			
(Ad	ldress)			
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(Ad	idless)			
(City/State/Zip/Phone #)				
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(Do	cument Number)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

R-A. Charge

6. Coulliste APR 1 6 2007



A ChoicePoint*Service 300 Phillips Blvd., Trenton, NJ 08618 Tel: 609-883-7000 Toll Free: 800-792-8888

Fax: 866-235-6274 www.superiorinfo.com

Date: April 6, 2007

To: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

From: H. Jordan Rouse

Re: MetraComp Inc.

Change of Registered Agent and Registered Office

Enclosed herewith please find the necessary document to Change the Registered Agent and Registered Office of the above referenced in your state.

Further enclosed is our check in the amounts of \$35 to cover the cost of filing.

Please file the enclosed document upon receipt, returning the customary evidence to my attention in the self-addressed, stamped envelope enclosed for your convenience. Or, if not using the return envelope provided please mail filing evidence to:

Superior Information Services Inc. 300 Phillips Blvd. Trenton, NJ 08618 Attn: H. Jordan Rouse

If there are any problems with the enclosed filing please contact me at the following toll free number: (800) 792-8888, ext. 5409

Thank you for your assistance in this matter!

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: MetraComp Inc. (Name of Corporation)					
DOCUMENT NUMBER: P02236					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
H. Jordan Rouse (Name of Contact Per					
Superior Information Services Inc. (Firm/Company)					
300 Phillips Blvd, Suite 500 (Address)					
Trenton, NJ 08618 (City/State and Zip Code)					
For further information concerning this matter, please call:					
H. Jordan Rouse at (8 (Name of Contact Person)	792-8888 Ext. 5409 Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

statement of cha	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes ized under the laws of the State of Connectered agent, or both, in the State of Florida.	ticut		
1. The name of the corporation: MetraComp Inc.		MetraComp Inc.			
2. The principal office address: 6705 Rockledge Drive, Bethesda, MD 20817					
3. The mailing a	address (if different):				
4. Date of incoη	poration/qualification: 05/31/84	Document number: P02236			
5. The name and	d street address of the current registered agreement of State:	,			
	Corporation Service Compa	any	., `		
	1201 Hays Street		S & TA		
	Tallahassee, FL 32301		O7 APR SECRET		
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	APR 13 AM CRETARY OF LAHASSEE,		
	NRAI Services, Inc.				
	2731 Executive Park Drive,	Suite 4	8: 28 STAFE LORIDA		
(P.O. Box NOT acceptable)					
	Weston, FL 33331				
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regist	ered agent,		
Such change wa authorized by th	as authorized by resolution duly adopted be board for the corporation has been not	by its board of directors or by an officer iffied in writing of the change.	so		
Jan Jan	Le of an officer or director)	Shirley R. Smith, Secretary (Printed or typed name and title)			
//-	·	d agree to act in this capacity. Ites relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erformance . Or, if this rm that the		
A. /6.	nature of Registered Agent)	April 2, 2007			
If signing on be	half of an entity:				
H. Jordan I	Rouse, Asst. Secretary				

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

(Typed or Printed Name)