## P04460

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ACCOUNT NO. : 072100000032 REFERENCE : 611024 7476931 AUTHORIZATION : ORDER DATE: November 20, 2006 ORDER TIME : 11:0 AM ORDER NO. : 611024-150 CUSTOMER NO: 7476931 CHANGE OF AGENT NAME: MAI SYSTEMS CORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

	atement of cha	r to change its registered office or registered agent, or both, in the State of Florida.
1.	The name of t	he corporation: MAI SYSTEMS CORPORATION:
2.	The principal	office address: TWO MERIDIAN CROSSINGS, SUITE 800; MINNEAPOLIS, MD 55423
3.	The mailing a	ddress (if different): 26110 ENTERPRISE WAY SUITE 200. LAKE FOREST, CA 02620
4.	Date of incorp	poration/qualification: 12/26/1984 Document number: P04460
		I street address of the current registered agent and registered office on file with the truent of State:
		C T Corporation System
		1200 South Pine Island Road
		Plantation, FL 33324
	The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
		Corporation Service Company
		1201 Hays Street
		(P.O. Box NOT acceptable)
		Tallahassee, FL 32301
Th as	ne street addre changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Su au	ich change wa thorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
_	<b>J</b>	GREGG A. WALDON, CHIEF FINANCIAL OFFICER (Printed or typed name and title)
I fi of do	urther agree t my duties, an ecument is beil rporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
В	1	Service Company  Wov. 20 2004  mature of Registered Agent)  (Date)
	(Sig	()
If		half of an entity:
		R. Vannoy, Asst. VP
	(T)	yped or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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