

P1000001049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

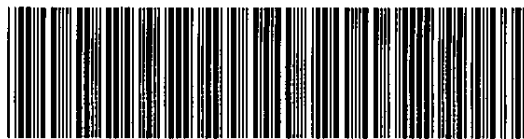
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. [Signature]
[Signature]

3/16/10



PARACORP

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: March 09, 2010

AE: Sharon Cooke

TO: Florida Department of State

REFERENCE: 536494

P.O. Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

HANSEATIC SOFTWARE INC

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS: Please file on a routine the attached to re-appoint Paracorp as the registered agent. Please return filing confirmation when available.

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)
533-7272

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANSEATIC SOFTWARE INC
Name of Corporation

DOCUMENT NUMBER: P10000001049

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:

SHARON COOKE

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

bw@hsw-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON COOKE

Name of Contact Person

at (888)

886-7166

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HANSEATIC SOFTWARE INC
2. The principal office address: 201 South Biscayne Boulevard 28th Floor, Miami, Florida, 33131
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/05/2010 Document number: P10000001049

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PARACORP INCORPORATED

236 EAST 6TH AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303

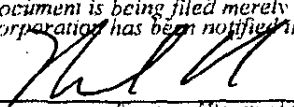
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Bioern Wiehe, CEO
Printed or typed name and 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3/9/2010
Date

If signing on behalf of an entity:

PARACORP INCORPORATED
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

2010 MAR 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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