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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (950)222-1092 Fax Number : (850)222-9428

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REGISTERED AGENT CHANGE

HARRIS ORKAND INFORMATION SERVICES CORPORATION

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

-	ections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	itied for a corporation organized under the laws of the State of
	o change its registered office or registered agent, or both, in the State
of Florida.	
, <u>-</u> -	Harris Orkand Information Services Corporation
2. The principal office address:	7799 Leosburg Pike, Suite 700 N, Falls Church, VA 22043
3. The mailing address (if different	ni):
4. Date of incorporation/qualifica	tion: 07/23/1986 Document number: P10868
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the
	The Prentice-Hall Corporation System, inc.
	1201 Hayes Street, Suite 105
······································	Tallahassee, FL 32301
 The name and street address changed); 	of the new registered agent (if changed) and /or registered office (if
	CT Corporation System
	c/o C T Corporation System
1300 F	(P.O. Box or personal mailbox NOT acceptable)
	outh Pine Island Road, Plantation, Florida 33324
	d office and the street address of the business office of its registered il.
	esolution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.
Signature Chan collect, sharmen or yes their	Scott T. Mikuen, Ass't Secrets (Printed or types name and une)
I hereby accept the appointment of further agree to comply with the performance of my dulies, and I are gistered agent. Or, if this document is address, I hereby confirm to C T Coxporation System	is registered agent and agree to act in this capacity, is provisions of all statutes relative to the proper and complete im familiar with and accept the obligation of my position as ment is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.
	11/15/04
(Signature of Registered Age if signing on behalf of an ontity:	
(Typed or Printed Name)	(Capacity)
	*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEE, FL 32314