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Fax Server

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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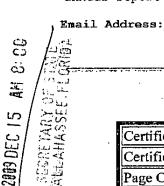
From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

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REGISTERED AGENT CHANGE COMDATA NETWORK, INC.

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Estimated Charge	\$35,00

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Corporate Filing Menu

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Maryland r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of ti	he corporation: COMDATA NETWORK, INC.
2. The principal	office address: 5301 Maryland Way, Brentwood, TN 37027
3. The mailing ac	ddress (if different): 3311 E. Old Shakopee Rd., Minneapolis, MN 55425
4. Date of incorp	poration/qualification: 11/13/1986 Document number: P12116
5. The name and	street address of the current registered agent and registered office on file with the truent of State:
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	Weston, FL 33331
6. The name and (if changed):	Corporation Service Company 1201 Hays Street (P.O. Box. NOT acceptable)
	Tallahassee, FL 32301
	ess of its registered office and the street address of the business office of its registered agent, be identical. as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. Maureen Cullen, Attorney In Fact
I hereby accept I further agree to further agree to document is bein corporation has	the appointment as registered agent and agree to act in this capacity. It is capacity the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of a familiar with and accept the obligation of my position as registered agent. Or, if this not fill merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
By: Ca	11/09/2009
V	gnature of Rdgistered Agent) (Date)
~ -	half of an entity:
	opet, Asst. VP Typed or Printed Name)
ζ-	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314

CR2E045 (8/05)