

P17240

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9/26/03



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 185462 5155729

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pigott

ORDER DATE : September 25, 2003

ORDER TIME : 9:17 AM

ORDER NO. : 185462-260

CUSTOMER NO: 5155729

CUSTOMER: Mr. Ross Wright
Convergys Corporation
201 East Fourth Street

Cincinnati, OH 45202

CHANGE OF AGENT

NAME: CONVERGYS INFORMATION
MANAGEMENT GROUP INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONVERGYS INFORMATION MANAGEMENT GROUP INC.
2. The principal office address: 600 Vine St., PO Box 2301, Cincinnati, OH 45202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: December 16, 1987 Document number: F17240
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Corporation Service Company
1201 Hays Street
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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.

Laura R. Dunlap
(Signature of an officer, chairman or vice chairman of the board)

Laura R. Dunlap, Attorney in Fact
(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.

Maria S. Replogle
(Signature of Registered Agent)

9-25-03
(Date)

If signing on behalf of an entity:

**Maria S. Replogle
as its agent**

(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, TALLAHASSEE, FL 32314

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