

Division of

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PAGE

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE BUSINESS REVENUE SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Roberts * JAN 0 6 2010

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th unge is submitted for a corporation organized under the laws of the State of <u>Indiana</u> or to change its registered office or registered agent, or both, in the State of Florida.	is 	
1. The name of t	the corporation: BUSINESS REVENUE SYSTEMS, INC.		
2. The principal	office address: Run Avenue, Suite A, Ft. Wayne, IN 46805		
•	address (if different): oth Avenue, Burlington, IA 52601		_
4. Date of incorp	poration/qualification: 03/13/1989 Document number: P23369		
5. The name and	d street address of the current registered agent and registered office on file with the itment of State:		
	NRAI Services, Inc.	; i	
	2731 Executive Park Drive, Suite 4		
	Weston, FL 33331	生産	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	33.05 35.05 35.05	
	Corporation Service Company	도 영화	
	1201 Hays Street	言	
	(P.O. Box NOT acceptable)	_	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its registered be identical.	ed agent,	
Such change wa	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.)	
B	Blanca Lozada, Attorney in Fact (Profest of typed figure and fulls)		
I hereby accept I further agree of of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete per all I am familiar with and accept the obligation of my position as registered agent. (ing filed merely to reflect a change in the registered office address, I hereby confirm is been notified in writing of this change.	formance Or, if this 1 that the	
By: DV	on Service Company 1-6-2010		
	gnature of Registered Agent) (Date) chalf of an entity:		
	by, Asst. Vice President Typed or Printed Name)		
,	A A A YELV BATAN KINNING MAN AND A A		

* * * 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)