

P28375



TRANSMITTAL LETTER

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

400002325244--4
-10/21/97--01025--001
*****35.00 *****35.00

SUBJECT: DUAL, INCORPORATED
Corporate Name

Enclosed is an original copy of the Certificate of Designation of registered agent and a check for \$35.00. Please return one copy stamped with the filing date.

FROM: Samuel B. Graham
Name
30 Skyline Drive
Address
Lake Mary, FL 32746
City, State, Zip Code
(407) 333-8880
Area Code and Phone Number (Daytime)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 NOV 12 AM 10:45

APPROVED
AND
FILED

Handwritten:
RACM
LPS
11-10-97 P28375

30 Skyline Drive
Lake Mary, Florida 32746
Telephone: (407) 333-8880
FAX: (407) 333-8850



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 23, 1997

SAMUEL GRAHAM
30 SKYLINE DRIVE
LAKE MARY, FL 32746

SUBJECT: DUAL & ASSOCIATES, INC.
Ref. Number: P28375

We have received your document for DUAL & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 597A00051733



Dual, Incorporated

30 Skyline Drive
Lake Mary, Florida 32746

October 29, 1997

Ms. Carol Mustain
Corporate Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Dual & Associates, INC.
Ref. Number: P28375
Letter Number: 597A00051733

RE: Change of Registered Agent

Dear Ms. Mustain:

As per your request, we are submitting the correct form noting the change of Registered Agent for Dual & Associates, Incorporated. Also enclosed, you will find a copy of your letter dated October 23, 1997.

We hope that we have fulfilled the necessary requirements in order for our application to be considered for processing.

If you require further information, please let us know.

Respectfully,

Samuel Graham
Corporate Vice-President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 NOV 12 AM 10:46

APPROVED
AND
FILED

Florida Department of State, Sandra B. Morhtam, Secretary of State
FILING FEE: \$35.00

**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, the undersigned corporation organized under the laws of the State of Maryland admits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

The name of the corporation is: DUAL + ASSOCIATES, INC.

The mailing address of the corporation is: 30 Skyline Drive
Lake Mary, Florida 32746

Date of incorporation/qualification: 4/11/83 Document number: 01731

The name and address of the current registered agent and office:

HIQ Corporate Services, INC.
516 North Charles Street 5th Floor
Baltimore, Maryland 21201

The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Mr. Samuel Graham
30 Skyline Drive
Lake Mary, Florida 32746

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 or by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the Board)

10/29/97
(Date)

J. Fred Dual, Jr. President/CEO
(Printed or typed name and title)

10/29/97
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligations of my position as registered agent.

[Signature]
(Signature of Registered Agent)

10/29/97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

APPROVED
AND
FILED
57 NOV 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA