

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE CARIDIANBCT, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi			
in orde	er to change its registered office or register	red agent, or both, in the State of Fl	lorida.	
1. The name of t	the corporation: CARIDIANBCT, INC).		
	office address:			
	Collins Avenue, Lakewood, CO 80215	5-4440		
	ddress (if different): 14143 Denver Wes			
), Lakewood CO 80401			
4. Date of incorp	poration/qualification: 12/11/1990	Document number: P32127		
	I street address of the current registered agreement of State:	ent and registered office on file with	h the	
	National Corporate Research, LTD.	, Inc.		
	515 East Park Avenue		,	
	Tallahassee, FL 32301	5_	TALES CONTRACTOR	
6. The name and (if changed):	l street address of the new registered agent	(if changed) and /or registered office	2011 DEC -8 SECRETARY TALLAHASS	
	Corporation Service Company		EFG R	יו ד
	1201 Hays Street		10 S W	•
	(P.O. Box NOT acceptable)	-	8m T	
	Tallahassee, FL 32301			
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its	s registered agent	•
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an cified in writing of the change.	officer so	
Maure	- Cathely	Maureen Cathell, Vice Preside	ent	
(Signati	re of an officer or threetor)	(Printed or typed name and to	tie)	
corporation nas	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblis ng filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and com gation of my position as registered registered office address, I hereb	plete performand lagent. Or, if th y confirm that th	ie is e
By: Xha	on Service Company	December 1, 2011		
<i>D y</i> :	gnature of Registered Agent)	(Date)		
If signing on be	half of an entity:			
Grace E. Kirb	y, Assistant Vice President			
ř)	yped or Printed Name)			
	* * * FILING FEI			
	MAKE CHECKS PAYABLE TO FLOI	RIDA DEPARTMENT OF STATE		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 R2E045 (8/05)