

FILED 00 SEP 28 PH 1: 12

ACCOUNT NO.

072100000032 TALLAHASSEE, FLORIDA

REFERENCE:

846520

71727A

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: September 28, 2000

ORDER TIME : 11:11 AM

ORDER NO. : 846520-005

CUSTOMER NO: 71727A

500008407935--5

CUSTOMER: Ms. Lisa Castle-71727a

Software Spectrum, Inc.

2220 Merritt Drive

Suite 200

Garland, TX 75041-5218

CHANGE OF AGENT

NAME: SOFTWARE SPECTRUM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds EXT 1133

DIVISION OF CORPORATION

O. COULLIETTE SEP 28 2000

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

the undersigned	e provisions of sections 60/.0302, 61/.0302, 60/.1308, or 61/ corporation organized under the laws of the State ofTexas_ owing statement in order to change its registered office or regis	
the State of Florida.		
1. The name of the corporation is: SOFTWARE SPECTRUM, INC.		
2. The mailing address of the corporation is: 2140 MERRITT DRIVE, GARLAND, TX 75401		
3. Date of incorp	poration/qualification: 07-26-91 Document num	ber: P34815
4. The name and	d address of the current registered agent and office:	TASE 8
_	CT CORPORATION SYSTEM	_ FG S T
-	1200 S. PINE ISLAND ROAD	P 28
-	PLANTATION, FL 33324	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
_	Corporation Service Company	
-	1201 Hays Street	<u> </u>
-	Tallahassee, Florida 32301	
The street address agent, as changed	ess of its registered office and the street address of the business d, will be identical.	office of its registered
Such change was authorized by the	us authorized by resolution duty adopted by its board of director	rs or by an officer so
	U //	1-27-00
(Signature	of an officer, chairman or vice chairman of the board)	(Date)
Tice the	SidoN+ J Scredary (Printed or typed name and title)	
corporation, I he I further agree to	ned as registered agent and to accept service of process for the acreby accept the appointment as registered agent and agree to accomply with the provisions of all statutes relative to the proper my duties, and I am familiar with and accept the obligation of my	t in this capacity. and complete
By:	3	128/00
	Signature of Registered Agent) (Date)	/ /
If signing on behalf of an entity:		
	BRIAN COURTNEY, ASST. V.P.	
((Typed or Printed Name) (Capac	жу)
* * * FILING FEE: \$35.00 * * *		

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