## P36170

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ACCOUNT NO. : 072100000032

REFERENCE :

795065

5048595

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE: July 8, 2004

ORDER TIME : 2:37 PM

ORDER NO. : 795065-560

CUSTOMER NO: 5048595

CUSTOMER: Ms. Deborah L. Mcmennamy

Affiliated Computer Services,

2828 N Haskell

Dallas, TX 75204

## CHANGE OF AGENT

NAME:

THE NATIONAL ABANDONED

PROPERTY PROCESSING

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

change is submi	,	07.1508, or 617.1508, Florida Statutes, this statement of two of the State of in order the State of Florida.
1. The name of t	the corporation: THE NATIONAL ABANDON	ED PROPERTY PROCESSING CORPORATION
•	office address:	
3. The mailing a		
4 Data of incor		_ Document number: P36170
5. The name and	I street address of the current registered agent tment of State:	
	C T Corporation System	2
	1200 South Pine Island Road	
	Plantation, FL 33324	ASSE F LED
6. The name and (if changed):	d street address of the new registered agent (if Corporation Service Company	f changed) and /or registered office
	1201 Hays Street	
	(P.O. Box or personal mailb	ox NOT acceptable)
	Tallahassee, FL 32301	
The street addre	ess of its registered office and the street add identical.	ress of the business office of its registered agent, as
	-	its board of directors or by an officer so authorized by f the change.
	Signature of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept I further agree t duties, and I an being filed mere been notified in	· ·	gree to act in this capacity, relative to the proper and complete performance of my my position as registered agent. Or, if this document is ce address, I hereby confirm that the corporation has
	Service Company	July 1, 2004
BY: Sife	(Signature of Registered Agent)	(Date)
If signing on be	half of an entity:	
Sylvia Quep	pet	Asst. Vice President
	(Typed or Printed Name)	(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*