

ACCOUNT NO. : 072100000032

REFERENCE

650352

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: December 26, 1997

ORDER TIME : 9:27 AM

ORDER NO. : 650352-010

CUSTOMER NO: 7553A

400002384104--8

CUSTOMER: Lisa Thomas, Legal Asst

Electronic Data Systems

5400 Legacy Drive

H3-ge-57

Plano, TX 75024

CHANGE OF AGENT

NAME: NEODATA SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXXX _ PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, rporation organized under the laws of the State of DELAWARE	Florida Statutes, the
_	owing statement in order to change its registered office or registered	agent, or both, in the
•	The corporation is: NEODATA SERVICES, INC.	
2. The mailing	address of the corporation is: 833 W. SOUTH BOULDER RD, LOUISVII	LLE, CO 80027
3. Date of incom	rporation/qualification: FEBRUARY 26, 1992 Document number:	P37647
4. The name an	d address of the current registered agent and office:	97 DE
	CT CORPORATION SYSTEM	C 29
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	学学
		FLC 2:
5. The name an	d address of the new registered agent and office: (P. O. Box Not Acce	ptable) ptable
	CORPORATION SERVICE COMPANY	Dr.
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	
The street addragent, as change	ress of its registered office and the street address of the business of ged, will be identical.	fice of its registered
Such change wauthorized by	vas authorized by resolution duly adopted by its board of directors of the board.	or by an officer so
Fish	I. Thomas 12	19/97
(Signature	of an officer, chairman or vice chairman of the board)	Date)
LISA V	. THOMAS ASST SECRETARY	
		(Date)
corporation, 1 I further agree performance o	amed as registered agent and to accept service of process for the a hereby accept the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative to the proper my duties, and I am familiar with and accept the obligation of my	bove stated t in this capacity. and complete position as
režistered agei	B. Kar 12/6	19/87
l l	Signature of Registered Agent) (Date)	, .
If signing on beha	•	
	ren B. Rozar, As Its Agent (Typed or Printed Name) (Capacity	
	(Typed or Printed Name) (Capacity	')

CR2E045(3/96)