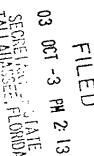
## P40259

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DIVISION OF CHAPURATION



ACCOUNT NO. : 072100000032

REFERENCE : 266392

AUTHORIZATION

ORDER DATE: October 3, 2003

ORDER TIME : 10:14 AM

ORDER NO. : 266392-015

CUSTOMER NO: 4303940

CUSTOMER: Ms. Kathleen Wheeler

Holland & Knight Llp

Suite 4100

100 North Tampa Street

Tampa, FL 33602

CHANGE OF AGENT

NAME:

CGI INFORMATION SYSTEMS AND MANAGEMENT CONSULTANTS PRIVATE

LIMITED, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

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

	f change is submitted for a cor	502, 617.0502, 607.1508, or 617.150 rporation organized under the laws of registered office or registered agent, o	the State of
of Florida.			
1. The name of	the corporation: CGI INFORMATION	ON SYSTEMS AND MANAGEMENT CONSULTA	NTS PRIVATE LIMTED, INC
2. The principal	office address: 100 South Mis	ssouri Avenue	<u> </u>
	Florida 33756		三元 3
3. The mailing	address (if different):		85 3 B
4. Date of incor	poration/qualification: 08/2	5/1992 Document number:	<b>产公 2</b>
	d street address of the current a artment of State:	registered agent and registered office o	n file with the
	CGI Information Technology S	Services, Inc.	
	100 South Missouri Avenue		
	Clearwater, Florida 33756		<del></del>
6. The name a changed):	nd street address of the new	registered agent (if changed) and /or	registered office (if
	1201 Hays Street	•	<del></del>
	(P.O. Box or pe	rsonal mailbox NOT acceptable)	
	Tallahassee, FL 32301		,
		I the street address of the business off	
MILK	ras authorized by resolution du the board, or the corporation h cr, chairman of the board)	uly adopted by its board of directors on the character of	
I hereby accep I further agree performance o registered age office address,	t the appointment as registere to comply with the provisions f my duties, and I am familiar nt. Or, if this document is bei I hereby confirm that the cor	ed agent and agree to act in this capac s of all statutes relative to the proper with and accept the obligation of my ing filed merely to reflect a change in poration has been notified in writing	city. and complete position as the registered
Lynth	Signature of Registered Agent)	10/2L03 (Date)	
If signing on beha	alf of an entity:	Cynthia L. Harris	
-	ervice Company (Typed or Printed Name)	as its agent (Capacity)	
	(1) bor or runner range)	(Capacity)	

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