## P40386

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ACCOUNT NO. : 072100000032

REFERENCE : 070731 7191263

AUTHORIZATION - \*\*\*

COST LIMIT

ORDER DATE: May 29, 2003

ORDER TIME : 2:07 PM

ORDER NO. : 070731-020

CUSTOMER NO: 7191263

CUSTOMER: Ms. Alison Reither

Stanley Associates, Inc.

Suite 400

300 North Washington Street

Alexandria, VA 22314

CHANGE OF AGENT

NAME: CCI, INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

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

Pursuant to t	the provisions of sec	tions 607.0502,	<i>617.0502, 607.1</i>	1508, or 617.1508	3, Florida Statu	tes,
this statement	t of change is submitt	ted for a corpora	tion organized u	ınder the laws of ti	he State of	
Virginia	in order to	change its regist	tered office or re	egistered agent, o	r both, in the Si	tate
of Florida.						
1. The name of	of the corporation: CH	ASE CONSULTANTS	S INTERNATIONAL	L, INCORPORATED		
2. The princip	oal office address: 300	O N. Washington	St., Suite 40	00, Alexandria, V	JA 22314	
3. The mailing	g address (if differen	t):				
<b>-</b>					<b>3</b> 3	
4. Date of inc	orporation/qualificati	ion: September 9	9, 1992 Doc	cument number: P4	10386	77
	and street address of a partment of State:	the current registe	ered agent and re	egistered office on	i file with the	
	Al Harding				_	E.
	35 Industrial Lo	oop North, Suit	e 190		_	52
	Orange Park, FL	32073				
6. The name changed):	and street address o	_	ered agent (if cl	hanged) and /or r	egistered office	(if
		200 0011120112	117 E		<del></del>	
	1201 Hays Street	(P.O. Box or personal m	nailbox NOT acceptable	e)	<del></del>	
	Tallahassee, FL					
The street add agent, as char	dress of its registered aged will be identica	l office and the s l.	treet address of	the business offic	e of its register	ed
Such change authorized by	was authorized by re the board, or the co	esolution duly ad rporation has bee	opted by its boa en notified in w	rd of directors or riting of the chang	by an officer so ge.	)
Signature of an offi	icer, chairman or vice chairma	n of the board)	Michael Zara	mba, Vice Presided or typed name and title	lent	
I hereby acce I further agre performance	pt the appointment a te to comply with the of my duties, and I a ent. Or, if this docur s, I hereby confirm th	is registered age provisions of all in familiar with	nt and agree to I statutes relativ and accept the o	act in this capacitive to the proper are obligation of my n	ty. nd complete position as	
unt	(Signature of Registered Age	nt)		$\frac{5/29/03}{\text{(Date)}}$		
( If signing on bel	half of an entity:	Cynthia L. as its ag	Harris ent	(Date)		
	(Typed or Printed Name)			(Capacity)	<del></del>	
		* * * FILING F	EE: \$35.00 * *	*		

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314