

New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

P41003

February 14, 2000

RE: Encompus, Inc.

500003135806--6 -02/15/00--01079--011 *****35.00 *****35.00

Secretary of State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Attention:

Corporate Filing Clerk

Kindly file the duplicated Statement of Change of Agent Form for the attached referenced corporation, returning a filed stamped copy to us in the self-addressed, stamped envelope provided for your convenience ASAP.

We are enclosing a check for \$35.00 payable to you for this filing.

Please contact the undersigned at (800) 221-0102, if there are any problems or questions before returning the filing.

Thank you for your assistance.

Sincerely,

John Morrissey

Assistant Vice President

JM:moc Enclosures 3-32-00

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

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

CO	rporation orga	inized under the l	ctions 607.0502, 617.05 aws of the State of <u>DEL</u> egistered agent, or both,	<i>AWARE</i>	submits	Florida Sta the followin				
1. 2. 3.	The name of the corporation is: Encompus, Inc. The mailing address of the corporation is: 10065 RED RUN BLVD, OWINGS MILLS, MD 21117									
4.	Date of ince	orporation/quali	fication: 10/19/1992	Document nu	mber:	P41003_	-			- ,
5.	The name a	ınd address of th	e current registered age	ent and office:						
		C T Co	orporation Systems							
		1200 S	. Pine Island Road		····		ALL	00 F	***	
		Plantat	ion, FL 32324				X	8	£ £	
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)										
		NATIO	NAL CORPORATE I	RESEARCH, LTI	D., INC.			A5	O	
		1406 H	ays Street, Suite #2, Ta	allahassee, FL 32	2301		ATE ADIRIC	22		
The cha	e street addre anged, will be	ess of its registe identical.	red office and the stree	et address of the	business of	ffice of its	registere	d age	nt, as	
Suc	ch change wa	as authorized by	resolution duly adopte	d by its board of o	directors or	by an offic	cer so au	thoriz	ed by	
	Melle S	Too ahairman an	- L		_	1691	00			*:
(Sig	mature of an orr	icer, chairman or v	ce chairman of the board)		(Date) /	2				
		ow, Vice Presi	dent	<u> </u>						
(PIII	nted or typed na	ime and fitte)			(Date)					
the stat	appointment a	is registered agen o the proper and c	gent and to accept servic t and agree to act in this o omplete performance of n	apacity. I further a	aree to com	nly with the	nrovision	o of all	-	
	2 0	ر	_11		حہ					*.
(Sig	grature of Re	egistered Agent)		·	~~~	Date)				-
If si	igning on be	ehalf of an enti	ty:							
		Morrissey		Assist	ant Vice F	President				
(Тур	oed or Printed	Name)				Capacity)			_	
CR2	2E045(4/95)				F	ilina Fee: \$	35 00			

Filing Fee: \$35.00