P94000031636

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (A d | idress) | <u>.</u> |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer | |
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE : 342072

<u>5049267</u>

AUTHORIZATION &

COST LIMIT : \$ 35.00

ORDER DATE: April 28, 2005

ORDER TIME : 11:32 AM

ORDER NO. : 342072-010

CUSTOMER NO: 5049267

CUSTOMER: Mr. Gregory L. Haymon

Primus Telecommunications

Suite 900

7901 Jones Branch Drive Mc Lean, VA 22102-3316

CHANGE OF AGENT

NAME:

ROCKWELL COMMUNICATIONS

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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

| statement of ch | e provisions of sections 607.0502, 61 nange is submitted for a corporation of the submitted for a corporation of the corporation of the corporation of the corporations of the corporation of the corporati | organized und | der the la | ws of the | State of | Flori | da — – | | |
|--|--|---|---|---|---|------------------------------|------------------------------|-----------------------------|--|
| 1. The name of | the corporation: ROCKWELL COMMU | NICATIONS | CORPOR | ATION | | | | | |
| 2. The principal office address: 7901 Jones Branch Drive, Suite 900, McLean, VA 22102-3316 | | | | | | | | | |
| 3. The mailing | address (if different): | | | | | | | | |
| 4. Date of inco | rporation/qualification: 04/26/1994 | 1 De | ocument i | number: | P94000 | 03163 | 6 | | |
| | nd street address of the current registe artment of State: | ered agent and | l registere | d office | on file w | ith the | | | |
| | Neil L. Hazard | | | | | | | | |
| | 13800 NE 14th Street | | | | | TAL 38 | 05 | | |
| | Sunrise, FL 33323 | | | | | CRETA | ₽PR | | |
| 6. The name ar (if changed): | nd street address of the new registered | l agent (if cha | inged) and | d /or reg | sistered of | SSEE.FI | 28 PM | | |
| | Corporation Service Compa | ny | | | | ORID ORID | ယ္ 2 | | |
| | 1201 Hays Street | <u> </u> | | | | - - | 9 | | |
| | (P.O. Box NOT acc | eptable) | | | | | | | |
| | Tallahassee, FL 32301 | | | | | _ | | | |
| The street add | ress of its registered office and the s | street address | of the bu | usiness (| office of i | its regis | stered | agent, | |
| | vas authorized by resolution duly ac the board, or the corporation has be | | | | | | | | |
| Alam | u l. Xlota | Thom | as R. I | Kloste | r, Trea | surer | | | |
| (Signa | ture of an officer or director) | | - | | ed name and | | | | |
| I hereby accept I further agree of my duties, a document is be corporation ha | of the appointment as registered age to comply with the provisions of al and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this ch | nt and agree I statutes reli e obligation in the regist ange. | to act in ative to th of my pos ered offic | this cap he propo sition as se addre | pacity. er and con s registere ess, I here | mplete ed ager eby con | perfor it. Or, firm th | munce if this act the | |
| Corporat | ion Service Company | | Ų | 1/281 | a5 | | | | |
| BY CHMIS | Rignature of Registered Agent) | | | (D | rate) | | | | |
| If signing on b | ehalf of an entity: | | | | | | | | |
| Cynthia L. | Harris, Assistant VP | | | | | | | | |
| | (Typed or Printed Name) | | | | | | | | |

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