PAHOO 68108

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Au	arcos,	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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208 South LaSalle Street, Suite 1855 Chicago, IL 60604 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

March 28, 2003

VIA REGULAR MAIL

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Least Cost Routing, Inc.

Dear Sir or Madam:

Enclosed please find a form to change the registered agent/office for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2556.

Thank you.

Sincerely,

Mike Donovan

MD/ls Encl.

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

Pursuant to the	provisions of s	ections 607.0502,	617.0502, 607.1508, or	617.1508, Flo	rida Statutes,	
•	change is subm	uitted for a corpora	tion organized under the	laws of the Sta	ite of	
Florida	in order	to change its regist	ered office or registered	l agent, or both	n, in the State	
of Florida.						
1. The name of the	e corporation:	Least Cost Routing	, Inc.	<u> </u>	<u> </u>	_
2. The principal of	office address:_	1700 Old Meadow I	Rd 3rd floor McLean VA 2	22102	3 H H	C)
<u></u>				da_====	$\frac{1}{2}$ $\frac{3}{3}$	100 170 170
3. The mailing ac	ldress (if differ	ent):			77. 	11
.	(1
4. Date of incorp	oration/qualific	eation: 9-15-94	Document n	umber:P9400	000687.082	
	street address		ered agent and registered	l office on file v	with the	
•	Blanton F Edwi	in Esq				
_	825 Thomasvill	le Rd		<u> </u>	· ·	
_	Tailahassee Fl	L 32303				
6. The name and	l street address	s of the new regist	ered agent (if changed)	and /or registe	ered office (if	
changed):	NRAI Services,	Ü				
_	<u></u>					
	526 E. Park Ave		nailbox NOT acceptable)			
Та	Tallahassee, FL	•				
The street addres	s of its registe d will be ident	red office and the sical.	treet address of the busi	ness office of	its registered	
Such change was authorized by the	s authorized by board, or the	resolution duly ad corporation has be	opted by its board of dig on notified in writing of	rectors or by ar the change.	1 officer so	
john J. N	latodes	Jld	John F DePodesta Vic	e President		
Signature of an officer,		,	(Printed or typed i			
I further norse to	a cominly with :	the provisions of al	nt and agree to act in th I statutes relative to the	proper and co	mplete	
performance of registered agent office address, I	ny aunes, ana Or, if this do hereby confirn	t am jamiliar with cument is being file n that the corporati	and accept the obligation and accept the obligation and merely to reflect a choice ion has been notified in	on of my postice ange in the reg writing of this	on as zistered change.	
Michael	Donada		2-28-63		<u> </u>	
		Agent)	(Dat	æj		
If signing on behalf Michael Do	-		Asst, Secretary			
	ped or Printed Name)		acity)		
NRAI Services, li			EE: \$35.00 * * *			