Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Phone

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Fax Number

: (850)878-5368

For the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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REGISTERED AGENT CHANGE MOREDIRECT, INC.

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Help

COVER LETTER

TO: Amendment S Division of Co		
SUBJECT:	MareDirect, Inc	
	Name of Corp	oration
DOCUMENT NUME	BER:P9400	072462
The enclosed Statemen	it of Change of Registered Office/A	gent and fee are submitted for filing.
	pondence concerning this matter to	
	,	
	Pamela Car	iter
	Name of Contac	
	, , , , , , , , , , , , , , , , , , , ,	
	PC Connection	n, Inc.
-	Firm/Comp	any
	,	
	730 Milford E	Road
_	Address	
	Menimaok, NH	03054
-	City/State and Z	ip Code
	pearter@peconnect	ion com
· · · · · · · · · · · · · · · · · · ·	nail address: (to be used for futur	
t;-11	the audices, (to be back for futur	e annum report non (teation)
For further information	concerning this matter, please call;	20
	erreta Certer	603 683-2753
	F Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Departmen	it of State.
	•	·
	Malling Address:	Street Address:
Amendment Section		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahusson, PL 32314	2661 Executive Center Circle

PEDDS-07/23/2004 C T System Delice

CR20045 (8/05)

eval.

Tallahassee, PL 32301

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STATEMEN	nt of change of ri	ACKETTÁLIAN A	DETAIL AN AMAKAMANA	d agent or both 10 DEC	11_ED
Pursuant to the statement of ch	e provisions of sections doi ange is submitted for a col er to change its registered	7.0502, 617.0502, poration organiz office or register	RATIONS ,'607.1508, ar 617.1508, Fig. sed under the laws of the Stated ed agent, or both, in the Stated	e of Florida.	AM 9:54
1. THE HOUSE OF	die outporation.				- ONTUA.
The principal Boon Reton,	l office address: 4800 T-Re FL 33431	x Ave., Suite 300			
3. The mailing	address (if different):	·			
4. Date of incor	poration/qualification:	10/3/1994	Document number:	P94000072462	 -
	d street address of the curre riment of State: (If resigne		nt and registered office on ti	le with the	
	CorpDirect Agents, Inc.				
	515 E, Park Ave	<u> </u>	. <u> </u>		
	Tallahassee, FL 32301				
6. The name and (if changed):		ragistered agent (if changed) and for registere	d office	
•	CT Corporation System			ar Pilongo, namer	
	c/o C T Corporation System	n, 1200 South Pin	s Island Road		
	Plantation, Florida 33324	P.O. Box NOT so	reptable	_ _	
m		1.3	3 83 () 67	and the southern and a southern	
			dress of the business office		
Such change we authorized by the	is authorized by resolution to board, or the corporation	i duly adopted b n has been notifi	y its board of directors or b led in writing of the change	y an officer so	
Alaus 1	W		Gary Anderson,	•	
_ ~	of all officer or director		Printed or typed name		
		ered agent and a ons of all statute accept the obliga a change in the ri of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this tereby confirm that the	
By:	index of to before A son Sun	CH D	المحالات	<u> </u>	
	nalf of an entity; en Betzger Ersigent				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR28045 (8/05)