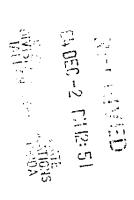
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ACCOUNT NO. : 072100000032

REFERENCE : 042717 7235

AUTHORIZATION :

COST LIMIT : \$ 35.00

.

ORDER DATE: December 1, 2004

ORDER TIME : 10:57 AM

ORDER NO. : 042217-010

CUSTOMER NO: 7225231

CUSTOMER: Mr. Timothy Atnafie

S1 Corporation

Suite 200

3500 Lenox Road Atlanta, GA 30326

CHANGE OF AGENT

NAME: MOSAIC SOFTWARE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

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

Pursuant to the provis statement of change is in order to ch	s submitted for a		zed under the la	ws of the State of	Florida
1. The name of the con	rporation: MOSAI	C SOFTWARE IN	:		
2. The principal office	address: 800 F	airway Drive,	Suite 198,	Deerfield Be	ach, FL 33441
3. The mailing address	s (if different):				
4. Date of incorporation	on/qualification:	10/23/1995	Document	number: P95000	0080939
5. The name and stree Florida Department		urrent registered ag	ent and register	ed office on file w	ith the
Joha	nn Dreyer				
7300	Annapolis L	ane			O SE TAI
Park	cland, FL 330	067			4 DEC
6. The name and street (if changed):	t address of the n	ew registered agen	t (if changed) ar	nd /or registered of	FILED DEC -2 PH 2: 37 CRETAIN STATE ANIASSTE STATE Bee
Corp	oration Serv	rice Company			_ 22
1201	. Hays Street	:			37
	(P.	O. Box NOT acceptable)			_
Tall	ahassee, FL	32301			
The street address of as changed will be ide	its registered off entical.	ice and the street a	address of the b	usiness office of	its registered agent,
Such change was authauthorized by the boa	norized by resoluted, or the corpor	ution duly adopted ration has been not	by its board of lifted in writing	directors or by a of the change.	n officer so
Milal	$W_{\underline{}}$		Richard	0.66	DIRECTOR
I hereby accept the application of my duties, and I and document is being file corporation has been Corporation S	Gervice Compa orkerstered Agent)	egistered agent and visions of all statumed accept the oblined accept		•	
Marva L. William	ıs, Asst. V.F	·•			
(Typed or	r Printed Name)				

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