

P 960000091814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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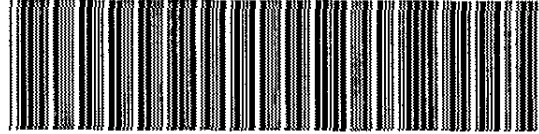
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Roberts SEP 27 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Technology Service Partners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000091814

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett D. Pynnonen
(Name of Contact Person)

Covansys Corporation
(Firm/Company)

32605 W. 12 Mile Rd., Ste 250
(Address)

Farmington Hills, MI 48334
(City/State and Zip Code)

For further information concerning this matter, please call:

Brett D. Pynnonen at (248) 848-2211
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Technology Service Partners, Inc.
2. The principal office address: 4651 Salisbury Road, Suite 155, JACKSONVILLE FL 32256
3. The mailing address (if different): P.O. BOX 550827, JACKSONVILLE FL 32255-0827
4. Date of incorporation/qualification: 10/31/1996 Document number: P96000091814

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Mary A. Robinson

1 Independent Drive, Suite 2600

Jacksonville, Florida 32202

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

CT Corporation System

1200 S. Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Casey Williams
(Signature of an officer or director)

CASEY WILLIAMS, PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
06 SEP 25 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See attached
page

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(Signature of an officer or director)

(Printed or typed name and title)

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Claudia L. Saari
(Signature of Registered Agent)

August 23, 2006
(Date)

If signing on behalf of an entity:

Claudia L. Saari
Asst. Secretary
(Typed or Printed Name)

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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