P99000066090

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: COMPUTER TECHNIQUES CORPORATION
	(Name of corporation)
DOCU	JMENT NUMBER: P99000066090
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	STEPHEN B. HATCHER (Name of contact person)
	(Name of contact person)
	ZIMMERMAN, KISER & SUTCLIFFE, P.A. (Firm/Company)
	315 E. ROBINSON STREET, SUITE 600 (Address)
	ORLANDO, FL 32801
	(City/state and zip code)
For fur	ther information concerning this matter, please call:
	STEPHEN B. HATCHER at (407) 425-7010 (Name of contact person) (Area code & daytime telephone number)
	(Area code & daytime telephone number)
Enclos	ed is a \$35.00 check made payable to the Department of State. CHECK #: //0496
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this eange is submitted for a corporation organized under the laws of the State of FLORIDA
	ler to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: COMPUTER TECHNIQUES CORPORATION
	office address: 465 WEST WARREN AVENUE DD, FL 32750
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 7/26/99 Document number: P99000066090
	d street address of the current registered agent and registered office on file with the artment of State:
	WILLIAM R. LOWMAN, JR.
	315 EAST ROBINSON STREET, SUITE 600
	ORLANDO, FL 32801
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	STEPHEN B. HATCHER
	315 EAST ROBINSON STREET, SUITE 600
	(P.O. Box NOT acceptable)
	ORLANDO, FL 32801
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(S)gnati	JOHN R. SOFARELLI, SR., PSTD (Printed or typed name and title)
I hekeby accept I further agree to of my duties, an document is beil corporation has	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
Durk	grature of Regrisored Agent) (Date)
If signing on be	chalf of an entity:
	Typed or Printed Name)

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