## S32359



ACCOUNT NO. : 072100000032

REFERENCE : 627936

5049755

AUTHORIZATION

ORDER DATE: March 16, 2000

ORDER TIME : 3:57 PM

ORDER NO. : 627936

CUSTOMER NO: 5049755

CUSTOMER: Ms. Mary M. Young Choicepoint Inc.

1000 Alderman Drive

Alpharetta, GA 30005

CHANGE OF AGENT

NAME:

STATEWIDE DATA SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

600003191076--

G. COULLIETTE MAR 3 1 2000

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

Pursuant to the provisions of sections 607.0502, 617.0 he undersigned corporation organized under the laws of	
ubmits the following statement in order to change its r ne State of Florida.	egistered office or registered agent, or both, in
. The name of the corporation is: STATEWIDE DATA SER	RVICES, INC.
The mailing address of the corporation is: 7 N. BAYL	EN STREET
Date of incorporation/qualification: 02/18/1991	Document number: S32359
. The name and address of the current registered agent a	and office:
TIMOTHY D. FALZONE - STATEWIDE DATA	A SERVICES, INC.
7 NORTH BAYLEN STREET	ALLE NO.
PENSACOLA, FL 32501-5657	
. The name and address of the new registered agent and	I office: (P. O. Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	<b>A 4</b> 9
he street address of its registered office and the street gent, as changed, will be identical.	address of the business office of its registered
uch change was authorized by resolution duly adopted athorized by the board.	l by its board of directors or by an officer so
Many M Young  (Signature of an officer, chairman of vice chairman of the boar	3-29-0 <b>U</b> (Date)
(Signature of an officer, chairman of vice chairman of the boar	rd) (Date)
Many M Young 15515 hart Seers	Han
laving been named as registered agent and to accept set orporation, I hereby accept the appointment as register further agree to comply with the provisions of all statut erformance of my duties, and I am familiar with and accepts the complex agent.	rvice of process for the above stated ed agent and agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as
y: Value A Pupula (Signature of Registofold Agent)	3 30 2000 (Date)
signing on behalf of an entity:	
Patricia G. Pizzuto	Assistant Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FEE	: \$35.00 * * *
R2E045(7/97)	

DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314