

F11000000891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

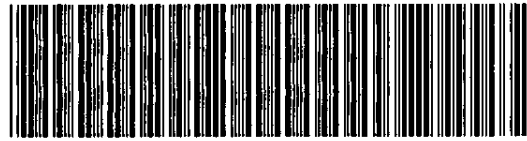
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*R-A Chey*  
C.COULLETTE

NOV 17 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kapsch TrafficCom IVHS Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000000891

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:

James Currie  
Name of Contact Person

Kapsch TrafficCom IVHS Corp.  
Firm/Company

6020 Ambler Drive  
Address

Mississauga, ON L4W2P1  
City/State and Zip Code

Jim.Currie@Kapsch.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey Hyde at ( 703 ) 885-1976  
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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kapsch TrafficCom IVHS Inc.
2. The principal office address: 54 South Commerce Way, Suite 100  
Bethlehem, PA 18017
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/28/2011 Document number: F11000000891
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William J. Trappen  
623 Pony Court Winter Springs, FL 32708

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

C T Corporation System  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324

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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.

[Signature] Signature of an officer or director  
Chris Muscarello, CEO Principal or typed name and title  
Richard Wrie, CSOO  
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]  
Signature of Registered Agent

11/8/11  
Date

If signing on behalf of an entity: Judith Argao  
Vice President  
and Assistant Secretary

\_\_\_\_\_  
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  
CR2B045 (8/05)