Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

MADISON RESEARCH CORPORATION

Certificate of Status	0
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. . .

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Sta nt of change is submitted for a corporation organized under the laws of the State of	itules,
Alabama	in order to change its registered office or registered agent, or both, in the	State
of Florida.	of the corporation: Madison Research Corporation	
2. The principa	ipal office address: 401 Wynn Drive, NW, Huntsville, AL 35805	
3. The mailing	ng address (if different):	
4. Date of inco	corporation/qualification: 07/19/1993 Document humber: F9300000328	7
5. The name as Florida Dep	ng address (if different): ncorporation/qualification: 07/19/1993 Document number: F8300000328: e and street address of the current registered agent and registered office on file with the epartment of State: John G. Townsend 275 Echo Circle, PSCN Bldg., M6-39 Ft Walton Beach, FL 32548 e and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registere	3 4 7
	275 Echo Circle, PSCN Bldg., M6-39	, 92 . L.
	Ft Walton Beach, FL 32548	0.33
6. The name a changed):	e and street address of the new registered agent (if changed) and /or registered offi C T Corporation System	10
	1200 South Pine Island Road	
	(F.O. Box or personal mailbox NOT acceptable)	
	Plantation, FL 33324	
The street addingent, as change	ddress of its registered office and the street address of the business office of its regist anged will be identical.	ered
Such change wanthorized by	was authorized by resolution duly adopted by its board of directors or by an officer by the corporation has been notified in writing of the change.	so
(Signification of the office	Jeffery A. Wilkins, Chief. Financial Officer (Frinted or typed hards and title)	
I hereby accept I further agree performance of registered age office address,	ept the appointment as registered agent and agree to act in this capacity, ree to comply with the provisions of all statutes relative to the proper and complete e of my duties, and I am familiar with and accept the obligation of my position as gent. Or, if this document is being filed merely to reflect a change in the registered ss. I hereby confirm that the corporation has been notified in writing of this change.	
Kaelu	J. O. O. O. O. S.	_
	(Signature of Redistant Agent)	
If signing on beha	poration System RACHEL T. HAYES	
	(Typed or Printed Name) ASSISTANCE ASSISTANCE OF ETARY	

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

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