## F9700003532

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 969911 7857296

AUTHORIZATION~

COST LIMIT

 	 _

ORDER DATE: November 4, 2011

ORDER TIME : 9:38 AM

ORDER NO. : 969911-110

CUSTOMER NO: 7857296

## CHANGE OF AGENT

NAME: INSIGHT PUBLIC SECTOR, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

J. 19.

statement of cha	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508 hange is submitted for a corporation organized under the laws of th der to change its registered office or registered agent, or both, in the	e State of Illinois
1. The name of	of the corporation: INSIGHT PUBLIC SECTOR, INC.	
	al office address:	
444 Scot	tt Drive, Bloomingdale, IL 60108	
3. The mailing a	g address (if different):	
4. Date of incor	prporation/qualification: 07/08/1997 Document number:	F97000003532
	nd street address of the current registered agent and registered office sartment of State:	on file with the
	NRAI Services, Inc.	
	515 E. Park Avenue	
	Tallahassee, FL 32301	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered agent (if changed) are registered ag	
	Corporation Service Company	FIL BIL NOV 14 SECRETARY ALLAHASS
	1201 Hays Street	
	(P.O. Box NOT acceptable)	T E ST.
	Tallahassee, FL 32301	
	lress of its registered office and the street address of the business of the identical.	
Such change wanthorized by the	was authorized by resolution duly adopted by its board of director the board, or the corporation has been notified in writing of the c	s or by an officer so hange.
(Signat	Maureen Cathell,	Vice President
I further agree of my duties, ar document is bei corporation ha	the appointment as registered agent and agree to act in this cape to comply with the provisions of all statutes relative to the propart of an I am familiar with and accept the obligation of my position as eing filed merely to reflect a change in the registered office address been notified in writing of this change.  ation Service Company	er and complete performance
$\sim$ $\sim$	November 8, 201	1
-26 (S)	Signature of Registered Agent) (D	ate)
If signing on be	behalf of an entity:	
Sylvia Quer	eppet, Asst. VP	
(	(Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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