ACCOUNT NO. :

072100000032

REFERENCE : 839309 -

5039022

AUTHORIZATION

COST LIMIT

ORDER DATE : September 21, 2000

ORDER TIME : 8:49 AM

ORDER NO. : 839309-005

CUSTOMER NO: 5039022

CUSTOMER: Ms. Larue Enright

Us Investigations Services,

1137 Branchton Road

Annandale, PA 16018-0026

CHANGE OF AGENT

NAME: USATREX INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

900003402249

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,		
the undersigned corporation organized under the laws of the State of Virginia		
submits the following statement in order to change its registered office or registered agent, or both, in		
the State of Florida. 1. The name of the corporation is:		
•	international, Inc.	
2. The mailing a	address of the corporation is: 1953 Gallows Rd Suite	810 Vienna, VA 22182-3934
3. Date of incorp	poration/qualification: 10/01/99 Document	number: <u>F9900005065</u>
4. The name and	d address of the current registered agent and office:	
<u>.</u>	CT Corporation System	
<u>.</u>	1200 South Pine Island Road	
<u>1</u>	Plantation, FL 33324	A S
5. The name and	address of the new registered agent and office: (P.O. Box N	Not Acceptate) 🛱 📆
	Corporation Service Company	SSE 25 E
	1201 Hays Street	
-	Tallahassee, Florida 32301	
The street addre	ss of its registered office and the street address of the busi d, will be identical.	iness office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.		
x ///		x 9/15/00
(Signature	of an officer, chairman or vice chairman of the board)	(Date)
Philip T. Swee	eney, Vice President	الله الله الله الله الله الله الله الله
Uavina haan nam	(Printed or typed name and title) ned as registered agent and to accept service of process for t	de a abour state d
corporation, I he I further agree to	reby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the pro my duties, and I am familiar with and accept the obligation of	o act in this capacity. Der and complete
registeredydgeni. Bw: KUBAV	Nace loss	1 9100
()	Signature of Registered Agent) (Da	ate)
If signing on behalf of	f an entity:	
Bobbie J. Hall		Asst. V.P.
(Typed or Printed Name) (Capacity)
* * * FH ING FEE: \$35.00 * * *		