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Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone : (850)878-5368 Fax Number

REGISTERED AGENT CHANGE

WIPRO GALLAGHER SOLUTIONS, INC.

Certificate of Status	0
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Corporate Filing Menu

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&(13/2009

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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 Statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring	rida
I. The name of the corporation: WIPRO GALLAGHER SOLUTIONS, INC.	
2. The principal office address: 18001 OLD CUTLER ROAD, SUITE 651, PALMETTO BAY, FL	33157 US
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/28/1985 Document number:	M13302
 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) 	he Bigg 9
ANDERSON, CHRISTOPHER K	59 8 -
18001 OLD CUTLER ROAD SUITE 651	HAS I
PALMETTO BAY FL 33157 US	B A
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	AUG 13 AN IO: 1:
C T Corporation System	DE C
clo C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT accopyable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its rate changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so
Christopher Anderson, Pre	sident
Signature of the officer of director Printed or Typed name and fille	
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 compl of my duties, and I am familiar with and accept the obligation of my position as registered of document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete performance igent. Or, if this confirm that the
By: Megan G, Ware 7/15/2009	
Securities of Registered Agent Assistant Secretary	•
If signing on behalf of an entity:	
Megan Ware 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

CR2E045 (8/05)