F98000004382

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE DIVISION OF CORPORATIONS

TO ACKNOWLEDG TO ACKNOWLEDG DECINE OF THE 2006 SEP 12 PN 4: 20

RECEIVED

EPARTMENT OF STATE
ISION OF CORPORATIO

9/13/04



ACCOUNT NO. : 072100000032					
REFERENCE : 356290 7501352					
AUTHORIZATION :					
COST LIMIT : STEEL TO THE COST LIMIT : STEEL					
ORDER DATE: September 6, 2006					
ORDER TIME : 3:47 PM					
ORDER NO. : 356290-325					
CUSTOMER NO: 7501352					
CHANGE OF AGENT					
NAME: IDT AMERICA, CORP.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Sara Lea					
EXAMINER'S INITIALS:					

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

1.

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of New Jer red agent, or both, in the State of Florida.	
1. The name of t	he corporation: IDT AMERICA, CORP.		
2. The principal	office address: 520 Broad Street, Newark,	NJ 07102	
F-			
3. The mailing a	ddress (if different):		DIVISIO
4. Date of incorp	poration/qualification: 07/31/1998	Document number:F98000004382	中朝
5. The name and	street address of the current registered ag tment of State:		2 PH 4: 29
	CT Corporation System		4: 2
	1200 South Pine Island Road		۰ من
	Plantation, FL 33324		•
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street abe identical.	address of the business office of its registe	ered agent,
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer tified in writing of the change.	so
Muse	~ lu	Maureen Cullen, Attorney in Fact	
(Signatu	re of an officer or director)	(Printed or typed name and title)	
I further agree to of my duties, an document is being corporation has	been notified in writing of this change.	d agree to act in this capacity, ites relative to the proper and complete po gation of my position as registered agent, e registered office address, I hereby confir	erformance Or, if this m that the
By:	Service Company	09/06/2006	
	mature of Registered Agent)	(Date)	······································
If signing on be	half of an entity:		
Elizabeth A. Dav	vson, Asst. Vice President		
T)	yped 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 * * *