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FORM **BCA 5.10/5.20** (rev. Dec. 2003) STATEMENT OF CHANGE OF **REGISTERED AGENT AND/OR REGISTERED OFFICE**

Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 217-782-3647 www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.

Doc#: 0612232084 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/02/2006 11:50 AM Pg: 1 of 2

FILED

APR 2 7 2006

JESSE WHITE SECRETARY OF STATL

	<u> </u>	File # / (00)d - 5	- 	Filing Fee: \$25 Approved:
Subm	it in duplicate ——	— Type or Print clearly in	black ink ———	- Do not write above this line
. Corporate Nam	e: QUES7 SOF	TWARE, INC.		
. State or Counti	y of Incorporation:	California		
	ress of Registered ate (before change		ce as they appea	r on the records of the Office of t
Registered Age	_{nt} NATIONAL R	REGISTERED AGENT	S INC	
		First Name DAMS STREET	Middle Name	Last Name
. togrataroa o	Number	Street	Suite I	No. (P.O. Box alone is unacceptable)
	CHICAGO, IL	60606		COOK
	CHICAGO, IL	- 00000		00011
	CHICAGO, IL	City	ZIF Code	County
. Name and Add	TOTAL CONTRACTOR	City	4	County
	ress of Registered	City Agent and Registered Offi	4	
	ress of Registered	City	4	County
Registered Age	ress of Registered	City Agent and Registered Offi RATION SYSTEM First Name	ce shall be (after	County all changes herein reported):
Registered Age	ress of Registered	City Agent and Registered Offi	ce shall be (after Middle Name 814	County all changes herein reported):
Registered Age	ress of Registered nt CT CORPOR	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street	ce shall be (after Middle Name 814	County all changes herein reported): Last Name
Registered Age	ress of Registered nt CT CORPOR ce 208 SOUTH	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street	ce shall be (after Middle Name 814	County all changes herein reported): Last Name No. (P.O. Box alon a is unacceptable)
Registered Age	ress of Registered nt CT CORPOR ce 208 SOUTH	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street L 60604	Middle Name 814 Suite 1	County all changes herein reported): Last Name No. (P.O. Box alone is unacceptable) COOK
Registered Age	ress of Registered nt CT CORPOR ce 208 SOUTH Number CHIGAGO, II	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street L 60604 City	Middle Name 814 Suite 1	County all changes herein reported): Last Name No. (P.O. Box alone is unacceptable) COOK
Registered Age Registered Offi The address of be identical. The above cha	ress of Registered nt CT CORPOR ce 208 SOUTH I Number CHIGAGO, II the registered officence was authorized	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street L 60604 City Ce and the address of the leading by: ("X" one box only)	Middle Name 814 Suite 1	County all changes herein reported): Last Name No. (P.O. Box alon a is unacceptable) COOK County
Registered Age Registered Offi The address of be identical. The above cha a. Resolu	ress of Registered nt CT CORPOR ce 208 SOUTH I Number CHIGAGO, II the registered officence was authorized	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street L 60604 City Ce and the address of the back by: ("X" one box only) by the board of directors.	Middle Name 814 Suite 1	County all changes herein reported): Last Name No. (P.O. Box alon a is unacceptable) COOK County
Registered Age Registered Offi The address of be identical. The above cha a. Resolu	ress of Registered nt CT CORPOR ce 208 SOUTH I Number CHIGAGO, II the registered officence was authorized to duly adopted by	City Agent and Registered Office RATION SYSTEM First Name LA SALLE ST., SUITE Street L 60604 City Ce and the address of the back by: ("X" one box only) by the board of directors.	Middle Name 814 ZIP Code ousiness office of	County all changes herein reported): Last Name No. (P.O. Box alon a is unacceptable) COOK County

SEE REVERSE FOR SIGNATURE(S).

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7. If authorized by the board of directors, sign here. See Note 5 below.

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated April 6 , 2006

Month & Day

Any Authorized Officer's Signature

MICHAEL VIVERN Sie President

Name and Title (type or print)

QUEST SOFTWARE, INC.

Exact Name of Corporation

If change of registered office by registered agent, sign here. See Note 6 below.

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated April

Month & Day

2006

Signature of Registered Agent of Record

M.T. FITEPATRICK

If Registered Agent is a corporation,
Name and Title of officer who is signing on its behalf.

NOTES

- 1. The registered office may, but need c x be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or load address (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to another, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained CNLY from the Secretary of State.
- 5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
- 6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.



OFFICE