EDEX Information Systems Inc. ADDENDUM B ACCOUNT CONTACT INFORMATION UPDATE

Company Contact and Address									
COMPANY NAME									
STREET ADDRESS (NO PO BOXES)									
CITY				ST		ZIP			
MAILING ADDRESS (IF DIFFERENT)									
CITY				ST		ZIP			
						2"			
PHONE	FAX	FAX							
CONTACT NAME		CONTAC	CONTACT PHONE				EXT		
CONTACT TITLE		CONTAC	CONTACT EMAIL						
Billing Address ACCOUNTS PAYABLES CONTACT NAME									
ACCOUNTS PAYABLES CONTACT NAME									
BILLING ADDRESS (IF DIFFERENT FROM MAIL	LING ADDRESS)								
CITY			ST		ZIP				
						2"			
PHONE	EXT	FAX		•					
EMAIL	<u> </u>								
Main EDEX User									
NAME		PHONE			EXT				
TITLE	FAX								
EMAIL		USER NAME		PASSWORD					
AutoDay Cradit Card									
AutoPay Credit Card CREDIT CARD NUMBER			Card 7	Card Type					
					□ VISA □ MC □ AMEX				
NAME ON CARD				1 - 1	<u> </u>		LI /IIIIL/		
		1							
BILLING ADDRESS FOR CC		CITY				ST	ZIP		
Authorization		- 1			·				
X									
EFFECTIVE DATE OF UPDATE									