Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name

: FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.

Account Number : 103654001666

Phone

: (941)639-1158

Fax Number

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REGISTERED AGENT CHANGE BABCOCK FLORIDA COMPANY

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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 Statutes, the undersigned corporation organized under the laws of the State of Florida	
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 :_ Babcock Florida Company	
2. The mailing address of the corporation: 2220 Palmer St., P.O. Box 8348 Pittsburgh, PA 15218	
3. Date of incorporation/qualification: January 15, 1919 Document number: 139488	
4. The name and address of the current registered agent and office:	
E. Drayton Farr	
115 West Olympia Avenue	
Punta Gorda, FL 33950	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)	
Earl Drayton Farr, Jr.	ì
99 Nesbit Street	1
Punta Gorda, FL 33950	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
August 29, 2001	
(Signature of an officer, chairman or vice chairman of the board) (Date)	•
Earl Drayton Farr, Jr., Secretary & Director	-
(Frinted or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent	
(Signature chiRegistered Agent) August 29, 2001 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
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P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS