

FILED 00 SEP 18 PM 4:56

ACCOUNT NO.

072100000032

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REFERENCE

829506

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: September 13, 2000

ORDER TIME : 12:51 PM

ORDER NO. : 829506-040

CUSTOMER NO: 4809084

500003396385

CUSTOMER: Ms. Laurie Szogas

Temcor

24724 South Wilmington Avenue

Carson, CA 90745

CHANGE OF AGENT

NAME:

TEMCOR

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

G. COULLIETTE SEP 18 2000

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

	e provisions of sections 607.0502, 617.050 d corporation organized under the laws of the	2, 607.1508, or 617.1508, Florida Statutes, e State of California
		istered office or registered agent, or both, in
the State of Flo	_	
1. The name of	f the corporation is: Temcor	-
	•	•
2. The mailing	address of the corporation is:	
P.O. Box	x 6256, Carson, CA 90749	
3. Date of inco	rporation/qualification: 8/26/65	Document number: 818984
4. The name as	nd address of the current registered agent and	office:
	CT Corporation System	
	1200 South Pine Island Road	SEC TALL
	Plantation, FL 33324	当 \$ 7
5. The name ar	nd address of the new registered agent and off	fice: (P.O. Box Not Acceptable) o
	Corporation Service Company	<u>F</u> 0
	1201 Hays Street	
	Tallahassee, FL 32301	
The street addragent, as chang	ess of its registered office and the street aded, will be identical.	dress of the business office of its registered
Such change w authorized by tl	as authorized by resolution duly adopted by ne board.	its board of directors or by an officer so
· Sel		9/8/00
(Signatur	e of an officer, chairman or vice chairman of the board)	(Date)
Charles A. To	urville, President	<b></b> .
77 , ,	(Printed or typed name and title)	
corporation, I h I further agree	med as registered agent and to accept servic tereby accept the appointment as registered a to comply with the provisions of all statutes r my duties, and I am familiar with and accept	igent and agree to act in this capacity. elative to the proper and complete
	ervice Company	
Ву: (	Signature of Registered Agent)	Sept. 77, 2000
If signing on behalf		(Duto)
Bobbie Hall		Assistant Vice President
	(Typed or Printed Name)	(Capacity)
	* * * FILING FEE: \$3	35.00 * * *

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314