

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE ASHTA CHEMICALS INC.

CHETARN OF STATE

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$35.00

Electronic Filing Menu

Corporate Filing Menu

Heln

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

statement of cha	unge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Delaware
	er to change its registered office or registe	•
1. The name of	the corporation: ASHTA CHEMICAL	S INC.
2. The principal office address: 3509 Middle Road, Ashtabula, OH 44005-0858		
3. The mailing a	address (if different): PO Box 858, Asht	abula, OH 44005-0858
4. Date of incorporation/qualification: 01/31/2001		Document number: F01000000604
5. The name and	d street address of the current registered agritment of State:	Document number: F01000000604 gent and registered office on file with the
	C T Corporation System	55.7
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	d 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 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, or the copporation has been notified in writing of the change.		
Blanca Blanca		Blanca Lozada, Attorney in Fact
(Pfifted or typed name and title)		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent an to comply with the provisions of all stati nd I am familiar with and accept the obl- ing filed merely to reflect a change in th is been notified in writing of this change. ion Serviçe Company	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Jone 10, 2010		
(S	ignature of Registered Agent)	(Date)
If signing on behalf of an entity:		
Grace E. Kirby, Assistant VP		
	(Typed or Printed Name)	VV 045 00 1 4 1

* * * FILING FEE: \$35.00 * * *