F02000006210

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL ·			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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04/09/07--01028--005 **35.00

AND FILED 07 APR -9 AM 8: 31, SECRETARY OF STATE

R.A. Charge

G. Coulliste APR 1 1 2007



April 6, 2007

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: SMITH INTERNATIONAL ACQUISITION CORP.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #12952 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons-Homer Registered Agent Services

Enclosures

PO BOX 1831 AUSTIN, TX 78767

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Smith International Acc (Name of Cor	poration)
DOCUMENT NUMBER: F02000006210	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Myra Ho (Name of Conta	mer
(Name of Conta	act Person)
Capitol Corporate (Firm/Com	Services, Inc.
(Firm/Com	pany)
800 Brazos, S (Addres	uite 1100
(Addres	ss)
Austin, Texas (City/State and	78701 Zin Code)
	•
For further information concerning this matter, please call	l:
Myra Homer	at (800) 345-4647
Myra Homer (Name of Contact Person)	at (<u>800</u>) <u>345-4647</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes rganized under the laws of the State of Delaward state of Delaward state of Delaward state of Florida.	are		
1. The name of	the corporation: Smith International A	Acquisition Corp.			
	office address: 16740 Hardy Street,				_
3. The mailing	address (if different): Attn: Pamela K	Cunkemoeller, PO Box 60068, Houston, TX	77205-006	8	_
4. Date of incor	poration/qualification: 12/13/2002	Document number: F02000006210			
	d street address of the current register rtment of State:	ed agent and registered office on file with the			
	CT Corporation System		₹	_	
	1200 South Pine Island Roa	nd	SECRI)7 AP	
	Plantation, FL 33324		ETAR	07 APR -9	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office		>	ברנט
	Capitol Corporate Services,	Inc.	ATÉ RIDA	고 요	
	155 Office Plaza Drive, Suite		, s.		
	(P.O. Box NOT accept	table)			
The street addr	ess of its registered office and the st	reet address of the business office of its regist	tered agent,	,	
_		opted by its board of directors or by an officer notified in writing of the change.			
Pamela L. Kunkemoeller, Asst. Secr (Signature of an officer or director) Pamela L. Kunkemoeller, Asst. Secr (Printed or typed name and title)		retary			
I hereby accept I further agree of my duties, ar document is bet corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete p obligation of my position as registered agent in the registered office address, I hereby confi nge.	performanc t. Or, if thi ìrm that the	e is	
Delan	in Case	4-6-07			
,	gnature of Registered Agent)	(Date)			
II signing on be	ehalf of an entity:				
	cretary on Behalf of Capitol Corporate Services, Inc. Typed or Printed Name)				
	**				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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