

F03000000933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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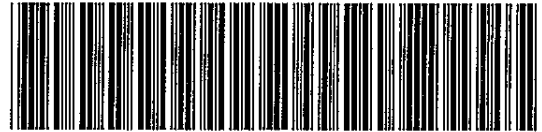
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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my

# PREMIER CORPORATE SERVICES, INC.

*An affiliate of National Registered Agents, Inc.*

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208 South LaSalle Street, Suite 1855  
Chicago, IL 60604  
(312) 346-3606 (800) 934-2556  
Fax: (312) 346-3607

*July 30, 2003*

*Via Regular Mail*

Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, FL 32399

**RE: R.A. SMITH & ASSOCIATES, INC.**

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Agent for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention as noted on the transmittal letter.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2556.

Thank you.

Sincerely,



Wil Snodgrass

WS/ga  
Encl.

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R.A. SMITH & ASSOCIATES, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F03000000933

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Wil Snodgrass  
(Name of person)

Premier Corporate Services, Inc.  
(Name of firm/company)

208 South LaSalle Street, Suite 1855  
(Address)

Chicago, IL 60604  
(City/state and zip code)

For further information concerning this matter, please call:

Wil Snodgrass at ( 312 ) 346-3606  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: R.A. SMITH & ASSOCIATES, INC.
2. The principal office address: 16745 W. BLUEMOUND ROAD, SUITE 200, BROOKFIELD WI 53005
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: February 24, 2003 Document number: F03000000933

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
526 E. Park Avenue  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

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 corporation has been notified in writing of the change.

*Richard A. Smith*  
(Signature of an officer, chairman or vice chairman of the board)

Richard A. Smith, President  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*Wil Snodgrass*  
(Signature of Registered Agent)

*July 24, 2003*  
(Date)

If signing on behalf of an entity:  
 By: Wil Snodgrass  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

NRAI Services, Inc. **\*\*\* FILING FEE: \$35.00 \*\*\***