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EXAMINER

COVER LETTER

TO: Amendment Section

CR2E124 (8/08)

Division of Corporations

CORRPRO TECHNOLOGIES, INC.
(Name of Corporation) **DOCUMENT NUMBER:** F94000000296 The enclosed Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carol Whitehead (Name of Contact Person) <u>Insituform Technologies, Inc.</u> (Firm/Company) 17988 Edison Avenue (Address) Chesterfield, MO 63005-3700 (City/State and Zip Code) For further information concerning this matter, please call: Carol Whitehead 636) 530-8607 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check made payable to the Florida Department of State for the following amount: \$52.50 Filing Fee, Certificate of Status & \$35.00 Filing Fee \$43.75 Filing Fec & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Street Address: Amendment Section **Mailing Address:** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned	DAVID F. MORRIS	:	, do hereby certify	
·,	(Name)			
	•	,		
that this Resolution of t	he Board of Directors ofCORRPRC	COMPANIES,	INC.	
•			·	
	•			
	(Name of Corporation)		, .	
a corporation duly orga	nized and existing under the laws of	OHIO		
a corporation daily orga		(State or Country	, y)	
	1.7/40, 0040		201 1 2 01 50 0	
was adopted on <u>JU</u>	LY 12, 2010		withdrawing the alternate	
-				
name of CORRE	PRO TECHNOLOGIES, INC.			
	(Current Alternate Na	ıme)		
in Florida as its real nar	me is available in Florida.			
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			26 26	* 1964 +50
Date: <u>JULY 12, 20</u>	10	,		4
16,79		**		
	ha	SR.V.P., CAO 8	SECRETARY &	
· Signature of Chairma	n. Vice Chairman of the Board, a		nerson signing	

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

director or any officer