F94000002880

(Requestor's Name)
(Address)
(1-3,1-4,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Double Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·



900104807069

07/02/07--01053--003 **35.00

OT JUL -2 PH 1:00

COVER LETTER

Division of Corporations
SUBJECT: HILLERICH & BRADSBY CO. (Name of Corporation)
DOCUMENT NUMBER: F94000002880
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:
JILL PROBST
(Name of Contact Person)
NATIONAL SERVICE INFORMATION, INC (Firm/Company)
(Firm/Company)
145 BAKER ST
(Address)
MARION OHIO 43302 (City/State and Zip Code)
For further information concerning this matter, please call:
JILL PROBST at (740) 387-6806 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact 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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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 KY	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: HILLERICH & BRADSBY CO.	
2. The principal office address: P.O. BOX 35700 LOUISVILLE KY 40232	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/01/1994 Document number: F9400002880	
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	
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. 2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable)	1000
NRAI Services, Inc.	3000
2731 Executive Park Drive, Suite 4	7
(P.O. Box NOT acceptable) Weston, FL 33331	
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.	
Signature of an officer or director) B Scott Robinson Controller (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.	
Signature of Registered Agent) June 35, 2007 (Date)	
f signing on behalf of an entity:	
Jill Anolost Asst. Seyetany (Typed or Printed Name)	

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