

F94000005405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

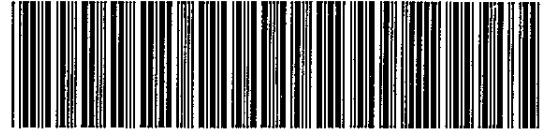
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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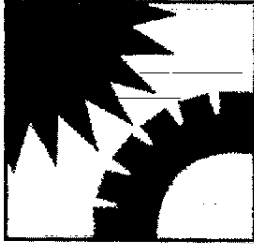


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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US CorpWorks Inc.

1638 Pennsylvania St., Denver, CO 80203

p. 303.393.8800 f. 303.393.8900 t: 888.967.5799

www.uscorpworks.com

May 6, 2004

Via US Mail

Florida Dept. of State
Corporations Division
PO Box 6327
Tallahassee, FL 32314

Re: American Contractors Indemnity Corporation

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Registered Agent

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina Tillapaugh". The signature is written in black ink and is positioned above the printed name.

Sabrina Tillapaugh

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Contractors Indemnity Company
(Name of corporation)

DOCUMENT NUMBER: F94000005405

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:

Sabrina Tillapaugh
(Name of person)

US CorpWorks Inc.
(Name of firm/company)

1638 Pennsylvania Street
(Address)

Denver, CO 80203
(City/state and zip code)

For further information concerning this matter, please call:

Sabrina Tillapaugh at (303) 393.8800
(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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Contractors Indemnity Company

2. The principal office address: 13403 Northwest Freeway, Houston, TX 77040

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/18/1994 Document number: F94000005405

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

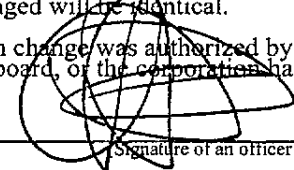
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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

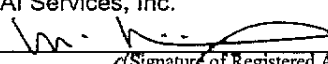
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 Christopher L. Martin, EVP and Asst. Sec.
(Signature of an officer or director) (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.

NRAI Services, Inc.
by:  April 29, 2004
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Michael Mirrione Assistant Secretary
(Typed or Printed Name) (Capacity)

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