CAPITOL CORPORATE SERVICES, INC.

797000001185

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

Attn: Corporate Filing Dept.

Re: BELDON ROOFING & REMODELING CO.

700003426497--1 -10/16/00--01133--005 ******35.00 ******35.00

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 5686 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Case

enclosures

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

	the provisions of sections 607.0502, 617.0502, 607.150 ned corporation organized under the laws of the State of	
	following statement in order to change its registered offi	
1. The name o	of the corporation is: BELDON ROOFING & RE	EMODELING CO.
	ng address of the corporation is: ox 13380, San Antonio, Texas 78213	
3. Date of inc	corporation/qualification: 03-07-97 Docu	ment number: F97000001185
4. The name a	and address of the current registered agent and office:	
	NRAI Services, Inc.	
	526 E. Park Avenue	
5. The name a	Tallahassee, FL 32301 and address of the new registered agent and office: (P. O	. Box Not Acceptable)
	Capitol Corporate Services, Inc.	
	1333 North Duval St.	
	Tallahassee, FL 32303	
	dress of its registered office and the street address of the nged, will be identical.	
	was authorized by resolution duly adopted by its board y the board ure of an officer, chairman or vice chairman of the board)	October 4 2000
MAT.	MES D_ROSENBLATT - VICE PRESIDENT (Printed or typed name and title)	23 RIDA
	named as registered agent and to accept service of pro I hereby accept the appointment as registered agent at ee to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the ob	ocess for the above stated agree to act in this capacity. to the proper and complete ligation of my position as
	(Signature of Registered Agent)	10-le-00
If signing on beh Delanie	chalf of an entity:	sst. Sec.
	(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *		

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314