## F99000005193

(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bt	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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Office Use Only



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## **FILING REQUEST**

August 15, 2006

## **FLORIDA SECRETARY OF STATE**

Type of Filing:

CHANGE OF AGENT

Subject(s):

MILBANK MANUFACTURING CO.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:

CHECK #23825 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

**ASAP** 

PLEASE RETURN TO:

the second of

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

statement of cha	nge is submitted for a	corporation organize	607.1508, or 617.1508, Id under the laws of the d agent, or both, in the	State of Misso	ouri	•	
1. The name of the corporation: Milbank Manufacturing Co.							
2. The principal office address: 4801 Deramus, Kansas City, MO 64120							
3. The mailing a	ddress (if different):						
4. Date of incorp	ooration/qualification:	10/06/1999	Document number:	F990000	05193	·	
5. The name and			nt and registered office				
	CT Corporation	n System					
	1200 S Pine Is	land Road					
	Plantation, FL	33324			OS I		
6. The name and (if changed):			if changed) and /or regi	stered office	AUG 22 F	1	
	NRAI Services	<u>·</u>			OF STATI	)	
		e Park Drive, S  O. Box NOT acceptable)	Suite 4	<del> </del>	PATE ORID	) )	
	Weston, FL			·	Þ		
The street addre	ess of its registered of be identical.	fice and the street ad	dress of the business o	ffice of its reg	gistered agen	t,	
Such change wa authorized by th	as authorized by resol ne board, or the corpo	ution duly adopted b	y its board of directors led in writing of the ch	or by an officiange.	cer so		
(Signati	Cindy L. Taylor, Corporate Secretary/Controller  (Signature of an officer of director)  (Printed or typed name and title)					-	
I further agree to of my duties, an document is bei	the appointment as ri the appointment as ri to comply with the pro d I am familiar with a ng filed merely to ref been notified in writ	ovisions of all statute and accept the obliga lect a change in the r	agree to act in this cap es relative to the prope ation of my position as registered office addres	acity. r and complet registered ag ss, I hereby co	te performan ent. Or, if th onfirm that th	ce iis ie	
Meliss	Phatise of Registered Agent)		\$15/200	7 <b>\$</b>			
If signing on be	half of an entity:		. (5.	•••			
	bbs, Assistant S Typed or Printed Name)	ecretary					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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