P23896

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE



C. Coulliette JUN 2 1 2805



ACCOUNT NO. : 072100000032

REFERENCE : 434812

COST LIMIT : \$ 35.00

ORDER DATE: June 17, 2005

ORDER TIME : 10:44 AM

ORDER NO. : 434812-170

CUSTOMER NO: _ 7487180

CUSTOMER: Ms. Joella Small

Cummins, Inc.

500 Jackson Street

Columbus, IN 47201

CHANGE OF AGENT

NAME: CUMMINS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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

A

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of $^{ t 1}$	Indiana
1. The name of	the corporation: CUMMINS INC.		
2. The principal			
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 04/14/1989	Document number: P23896	
	d street address of the current registered a rtment of State:	gent and registered office on file wit	th the
	C T Corporation System		E 8 9
	1200 South Pine Island Road		
	Plantation, FL 33324		朝22
6. The name and (if changed):	d street address of the new registered ager Corporation Service Company	nt (if changed) and /or registered offi	PN 1:40 FSTATE FLORING
	1201 Hays Street	L.L.	-
	(P.O. Box NOT acceptable))	-
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of it	s registered agent,
_	as authorized by resolution duly adopted he board, or the corporation has been no		
May	ure of an officer or director)	Maureen Cullen, Attorney (Printed of typed name and t	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Lon Service Company	ad agree to act in this capacity, utes relative to the proper and comigation of my position as registered eregistered office address, I hereb	· ·
ણ) If signing on be	gnature of Registeled Agent) Shalf of an entity:	(Date)	
•	pet, Asst. VP		
	Typed or Printed Name)		

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