



APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 252387				FILED	
1. Entity Name SOUTHERN OIL RESIN & FIBERGLASS INC				06 FEB 23 PM 2:58	
Principal Place of Business 7500 GRACE DRIVE COLUMBIA, MD 21044		Mailing Address C/O MOLLIE K SPRINKLE 7500 GRACE DR COLUMBIA, MD 21044		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 23-0882523	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEWEIN, GEORGE 8700 NW 36TH AVE MIAMI, FL 33147				7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Nays Street City Tallahassee FL Zip Code 32301-2607	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Lynette Coleman as its agent SIGNATURE <i>Lynette Coleman</i> DATE 2-23-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. Officer ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGOWAN, W. BRIAN 7500 GRACE DR. COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP	Elyse Napoli Filon <input type="checkbox"/> Change <input type="checkbox"/> Addition 5400 Broken Sound Boulevard NW Boca Raton, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAGY, AKOS L 7500 GRACE DR COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer John A. McFarland <input type="checkbox"/> Change <input type="checkbox"/> Addition 7500 Grace Drive Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, PAUL J 7500 GRACE DR COLUMBIA, MD 21044 <input checked="" type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP	Director Alfred E. Festa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7500 Grace Drive Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TAROLA, ROBERT M 7500 GRACE DR. COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer David Nakashige <input type="checkbox"/> Change <input type="checkbox"/> Addition 5400 Broken Sound Boulevard, NW Boca Raton, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SIEGEL, DAVID B 7500 GRACE DR COLUMBIA, MD 21044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer William C. Dockman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7500 Grace Drive Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELNITZ, MARK 7500 GRACE DR COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John A. McFarland</i> John A. McFarland/Secretary 2/21/2006 (410) 531- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
900067327979 03/07/06--01060--011 **150.00					

K. Eske! FEB 23 2006