

612755

CT CORPORATION SYSTEM

FILED
01 APR -2 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Lehman Manufacturing Company, Inc.

300003942913--6
-04/02/01--01050--020
*****43.75 *****43.75

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
01 APR -2 PM 11:10
DIVISION OF CORPORATION

Name _____ Availability _____ 4/2/01 Order#: 3975194
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

COULLETTE APR 02 2001

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Lehman Manufacturing Company, Inc.

2. The mailing address of the corporation is: 1555 E. Flamingo Rd. Suite 155 Las Vegas, NV 89119

3. Date of incorporation/qualification: 3-13-79 Document number: 612755

4. The name and address of the current registered agent and office: Lehman Roger - 3700 NE 6th Drive Boca Raton, FL 33431

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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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.

(Signature of an officer, chairman or vice chairman of the board)

3/29/01
(Date)

Charles E. Matthews - Vice President

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

4-2-01
(Date)

If signing on behalf of an entity:

Connie Bryan
(Typed or Printed Name)

Special Asst. Secy.
(Capacity)