## 808443

(Requestor's Name)				
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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		<u> </u>		

Office Use Only



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SECKETARY OF STATE
SECKETARY OF STATE

Short Short



118 West Edwards Suite 200 Springfield, Illinois 62704

telephone:

(217) 789-7550

fax:

(888) 927-7550 (217) 789-7570

e-mail:

corp-links.com

TO:

State of FL

DATE:

12/8/56

FROM:

Stephanie Picco

RE:

Underwriters Laboratories, Inc.

Type of Document: Change of Agent

 $\underline{XX}$ 

Enclosed check in the amount of

XX

Please return proof of filing.

XX

Return first class mail to:

Corp Link Services, Inc.

Attn: Stephanie

118 West Edwards Street

Springfield, IL 62704

If Rejected Please Call

Thank you in advance for your assistance.

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Underwriters Laboratories Inc. (Name of Corporation)				
DOCU	MENT NUMBER: 808443			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Stephanie Picco (Name of Contact Person)			
Corp-Link Services, Inc.				
	(Firm/Company)			
118 West Edwards Street				
	(Address)			
	Springfield, IL 62704 (City/State and Zip Code)			
For further information concerning this matter, please call:				
	Stephanie Picco at ( 217 ) 789-7550			
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of chai	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organize ir to change its registered office or registere	· · · · · · · · · · · · · · · · · · ·
1. The name of the	the corporation:	Underwriters Laboratories Inc.
	office address: 333 PFINGSTEN ROAD, NO	
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 01/16/1951	Document number: 808443
	I street address of the current registered ager tment of State:	it and registered office on file with the
	C T Corporation System	
	1200 South Pine Island Road	TALL SE
	Plantation, FL 33324	DEC -
6. The name and (if changed):	street address of the new registered agent (i	SECRETARY OF STATE of changed) and /or registered office
	NRAI Services, Inc.	); 30 LORAL
-	2731 Executive Park Drive, S	
-	(P.O. Box NOT acceptable) Weston, FL 33331	
The street addres as changed will b	ss of its registered office and the street add be identical.	dress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
5tg	H.Wan	tephen H. Wenc, Sr VP - Corp Secy
I harahu accant t	the of an officer or director)  the appointment as registered agent and a o comply with the provisions of all statute: d I am familiar with and accept the obliga ng filed merely to reflect a change in the re been notified in writing of this change.	(Printed or typed name and title)  gree to act in this capacity.  s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
Hilles (Sign	Bratten Asst Loc.	8-18-04 (Date)
If signing on beh	nalf of an entity:	
Silbert Ty	Bratter yped or Printed Name)	

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