LI-ME Document Services

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005
REFERENCE: 2010251 (SUB ACCT.)
DATE:
REQUESTER NAME: LEXIS DOCUMENT SERVICES
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708
CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296
CORPORATION NAME: Connisc Afeger Corporation Plante Examiner Upcater Upcater CERTIFIED COPY (1-9) CERTIFIED COPY (1-9)
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9)
PLAIN STAMPED COPY
() CALL WHEN READY () CALL IF PROBLEM () AFTER 4:30 WALK IN () WILL WAIT () PICK-UP () MAIL OUT (IF APPLICABLE)

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 Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.					
1a. The name of	the corporation is:Harnischfeger	Corporation.			
1b. The mailing	address of the corporation is:	4400 W. National Av.	Milwaukee, WI 53201	 -	
1c. Date of inco	orporation: 1-19-72	Document numbe	6: 827337	-	
2. The name a	and address of the current regist	ered agent and office:			
	CT Corporation System		— 74 SE 98		
	1200 S. Pine Island Rd.				
	Plantation FL 33324		SYNT GB.	7	
3. The name an	d address of the new registered Lexis Document Services Inc.		Box Not Acceptable)	LED	
	3953 WW Kelley Road		ATE RIDA		
	Tallahassee, FL 32301				
The street add registered agent	ress of its registered office and t, as changed, will be identical.	d the street address o	of the business office	of its	
	as authorized by resolution duly	adopted by its board	of directors or by an o	officer	
<u></u>	- Trulton		/-/3-78 (Date)	-	
vice chi	of an officer, chairman or airman of the board)				
	Tonstad Asst. Secretar typed name and title)	y			
Having been n corporation, In I further agree performance o registered agei	amed as registered agent and nereby accept the appointment a to comply with the provisions of my duties, and I am familiar nt.	to accept service of passeries of passeries of agentand of all statutes relative with and accept the control of	rocess for the above agree to act in this cap to the proper and cor obligation of my posit	stated pacity. mplete tion as	
	Final	2.	-3-98		
(Signature	function of Registered Agent)		(Date)	_	
If signing on be	half of an entity:				
Terry Ferr	entino Printed Namel	Key Cox	eporate Adminis (Capacity)	<u>t</u> rator	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)