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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

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## REGISTERED AGENT CHANGE B E & K, INC.

Certificate of Status	0
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## COVER LETTER

	om of Corporations					
SUBJECT:	BEA	K, INC.				
GODGEC :: "	Name	of Corporation				
DOCUMENT	NUMBER:	832848				
The enclosed S	Statement of Change of Registered (	Office/Agent and fee are submitted for filing.				
Please return a	ll correspondence concerning this n	natter to the following:				
	Char	mane Whatley				
	Name o	f Contact Person				
	Kellog	g Brown & Root				
	Fir	m/Company				
	601 Jefferson Avenue, 3463-D					
		Address				
	Houston, TX 77002					
	City/Sta	te and Zip Code				
		HATLEY@KBR.COM				
	E-mail address: (to be used t	for future annual report notification)				
For further info	mation concerning this matter, ple	ase call:				
	Charmane Whatley	at ( 713 ) 753-2154  Area Code & Daytime Telephone Number				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$3	5.00 check made payable to the De	partment of State.				
	Malling Address: Amendment Section	Street Address: Amondment Section				
	Division of Corporations	s Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (8/05)

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

statement of oh	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Florid ed under the laws of the State o ed agent, or both, in the State o	Delawar		_
1. The name of	the corporation: BE&K, I	NC.		•		
2. The principa	office address: 2000 INT	ernational P	ARK DRIVE, BIRMINGHAM, A	L 35243		
**************	·- <del></del>		,			
3. The mailing	address (if different): 2000	INTERNATIONA	L PARK DRIVE, BIRMINGHA	M, AL 352	43	
4. Date of incom	4. Date of incorporation/qualification: 08/09/1974 Document number:			832848		
	d street address of the curr riment of State: (If resigne		nt and registered office on file v	vith the		
	CAPITOL CORPORATE	SERVICES, INC.		_		
	155 OFFICE PLAZA DR	, suite a				
	TALLAHASSEE, FL 32	301				
6. The name and (if changed):	i street address of the new	registered agent (	if changed) and /or registered or	ffice	10 DEC 27	DIVISI
	C T Corporation System	<u>.</u>			EC 2	ISION O
	c/o C T Corporation System	m, 1200 South Pine	Island Road		ü	OF CORPORAT
		P.O. Box NOT so	ceptable	_	3	장이
	Plantation, Florida 33324	<del>-                                    </del>			بغ	
The street addresses changed will	ss of its registered office be identical.	and the street add	iress of the business office of	ita registe:	reduze	mi, S
Such change was authorized by th	s authorized by resolution board, or the corporation	n duly adopted by on has been notifi	vits board of directors or by a ed in writing of the change.	n officer s	0	
Sha	n(1) $n(0)$	and T	Sharlin Aldao, Vice P			
Signatur	or an onlicer or direction	A.K.L	Frinted or typed name and			
		erea agent and a lons of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity. I relative to the proper and cortion of my position as registere gistered office address, I here	nplete per id agent by confirm	formu Or, if t n that t	nce his he
Ву:	Corporation System  1) D. N. C.C.	broth	12/21/2010			
Sign	atam of Ragistered Again	- Proport	Date	<u> </u>		-
If signing on beh	alf of an entity:					
	Berth, Assistant Secretary					
Ty	ped or Printed Name					

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)