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REGISTERED AGENT CHANGE URETHANE OF KENTUCKIANA, INCORPORATED

Certificate of Status	0
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C.COULLIETTE

MAR 09 2010

EXAMINER

for URETHANE OF KENTUCKIANA

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, this statement of change is submitted for a corporation organized under the laws of the State of Kentucky in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: URETHANE OF KENTUCKIANA, INCORPORATED
- 2. The principal office address: 326 Mount Tabor Rd., New Albany, Indiana 47150-2205
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 3/18/1982 Document number: 852248

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

STUMLER MELVIN
458 PARTRIDGE CIRCLE
SARASOTA, FL 34236

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
1200 South Pine Island Road

P.O. Box NOT acceptable
Plantation, FL33324

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, or the corporation has been notified in writing of the change.

[Signature]

 Signature of an officer or director

Tim Martin, CFO

 Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: *[Signature]*

 Signature of Registered Agent

1/21/2010

 Date

If signing on behalf of an entity:

Mark Williams, AVP, C T Corporation System

 Typed 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)

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