

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for ful annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE

NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/24/12

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

		17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware
		registered agent, or both, in the State of Florida.
I. The name of t	the corporation: NATIONAL M	ARINE MANUFACTURERS ASSOCIATION, INC.
2. The principal	office address: 231 S. LaSalle S	treet 2050
Chicago, IL		
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 4/26/1983	Document number: 856432
5. The name and		tered agent and registered office on file with the
	CT Corporation System	+J'
	1200 South Pine Island Road	
	Plantation Fl 48083	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office SSEC
	Corporation Service Compan	
	1201 Hays Street	ORRITE 21
	(P.O. Box NOT ac	exeptable)
,	Tallahassee, FL 32301	
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change.
74.	ourse-Cithey	Maureen Cathell, Vice President
, 0	are of an officer or director)	(Printed or typed name and tille)
I further agree i of my duties, an document is bei	to comply with the provisions of a	tent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the thange.
By:	one, thinky	April 20, 2012
(Sig	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
Grace E. Kirb	y, Assistant Vice President	
T)	Typed or Printed Name)	

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