

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

MOBILE SUPPLY COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RA Change 11/28/05

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Alabama	
	ler 10 change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Mobile Supply Company, Inc.	
2. The principal	l office address: 12500 Jefferson Avenue, Newport News, Virginia 23602	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 10/07/1983 Document number: 858043	
5. The name and	d street address of the current registered agent and registered office on file with the street of State:	
	CT Corporation System	
	1200 S. Pine Island Road	
	Plantation, Florida 33325	<u></u>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	DIVISION OF OS NOV 2
	Corporation Service Company	0F 0
	1201 Hays Street	8 PH 3: 2
	(P.O. Box NOT acceptable)	ယ္
	Tallahassee, FL 32301	2
The street addre	ess of its registered office and the street address of the business office of its registered ag	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Harry	Laura L. Maxson, Assistant Secretary	
	de of an afficer or Greator) (Printed or typed manie and mile)	
I hereby accept I further agree t of my duties, am document is beil corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performa ad I am familiar with and accept the obligation of my position as registered agent. Or, if ing filed merely to reflect a change in the registered office address, I hereby confirm that s been notified in writing of this change.	ince this the
By ULCLE (Sig	elle K. Jannon Nov. 22. 2005 grature of Registered Agent)	_
If signing on bel	shalf of an entity:	
	R. Vannov, Asst VP Typod 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)