

# BOOB-114

**BUILDING MATERIALS, LTD.**

1445 WEST SAM HOUSTON PKWY. NORTH (713) 467-6700  
P.O. BOX 19849 HOUSTON, TEXAS 77224

August 2, 2002

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

FILED  
02 AUG 12 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Change of Registered Agent  
Bison Building Materials, Ltd.  
Dba Resource Logistics International  
And  
Certificate of Amendment to Application for Registration

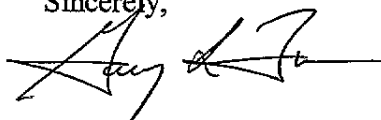
100007053181--8  
-08/12/02--01056--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Gentlemen:

The referenced applications and checks for \$35.00 and \$52.50 are enclosed. Please send us confirmation of the change.

Thank You.

Sincerely,



Gary L. Turner  
Controller

BOO-114  
TC

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BISON BUILDING MATERIALS, LTD. (DBA) RESOURCE LOGISTICS/INTERNATIONAL  
Name of the limited partnership

2. 6-15-99  
Date of filing/registration in Florida

3. 00000000114  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

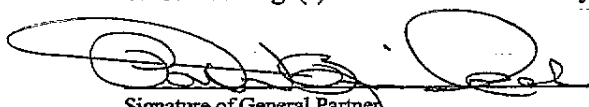
COLLEEN FRANKLIN  
Name  
3058 OLD KINGS ROAD  
Address  
JACKSONVILLE, FL 32254  
City, State and Zip

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5. The name and address of the new registered agent and/or office:

TIM ASTERMAN  
Name  
3058 OLD KINGS ROAD  
Florida street address (P.O. Box **not** acceptable)  
JACKSONVILLE - FL 32254  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

*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 obligations 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 limited partnership has been notified in writing of this change.*

Timothy A. Asterman  
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**