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To:

Division of Corporations

Fax Number : (850)617-6380

From:

ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

TIC-THE INDUSTRIAL COMPANY WYOMING, INC.

Certificate of Status	0
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12/29/2008

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

-	provisions of sections 607.0502, 617.0302, 607.1508, or 617.1508, Florida Statute. nge is submitted for a corporation organized under the laws of the State of $\underline{ ext{Wyomi}}$	-	
	r to change its registered office or registered agent, or both, in the State of Florida		
1. The name of t	he corporation: TIC - The Industrial Company Wyoming, Inc.		
2. The principal of 1474 WILL	office address: ER DRIVECASPER WY 82604		
•	idress (if different):		
4. Date of incorp	oration/qualification: 3/24/2000 Document number: F00000001643		
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)		
	CORPORATION SERVICE COMPANY	<u>-</u> 4	~
	1201 HAYS STREET TALLAHASSEE/FL/32301-2525	SECRI	008 DEC 29
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office C T Corporation System	TARY OF ST	C 29 AM 10: 34
•			ယ္
	c/o C T Corporation System, 1200 South Pine Island Road (P.O. Box NOT scorpable)	Ď	
,	Plantation, Florida 33324		
	is of its registered office and the street address of the business office of its regis be identical. If authorized by resolution duly adopted by its board of directors or by an office be heard, or the corporation has been notified in writing of the change.		រារុ
Abria O	Stacia Taylor, Vice President of an omocr or success; (President (President))		_
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complete if an familiar with and accept the obligation of my position as registered agen g filed merely to reflect a change in the registered office address, I hereby conjucen notified in writing of this change.	performe it. Or if i firm that	nce this the
- ML 19	T Corporation System Megan U. Wale		_
~	nature of Registered Agent) Assistant Secretary (Once)		
If signing on beh	aif of an entity:		
(I)	ped or Printed Nume)		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314

CR2E045 (8/05)