F00000003400

	(Rec	uestor's Name)	
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	(Doc	ument Number)	
Certified Copies		Certificate	s of Status	
Special Instructions	to F	iling Officer:		

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OS AUG -5 AM B: 25 SECRETARY OF STATE ALLAHASSEE, FLORID

3/10/05 PA Chg,

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	en e
SUBJECT: THE ANDERSON TE	CHNOLOGIES, INC.
-	(Name of corporation)
DOCUMENT NUMBER: F00000	003400
The enclosed Statement of Change of	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Travis Pinkstaf	
	(Name of person)
NRAI	
	(Name of firm/company)
145 Baker Street	
	(Address)
Marion, OH 43302	
	(City/state and zip code)
For further information concerning	his matter, please call:
Travis Pinkstaff	son) at (740) 387 6806 (Area code & daytime telephone number)
(Name of per	son) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made pa	yable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabasee FI 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

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

Pursuant to the	provisions of sections 607.05	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this sta	tement of
change is submi	tted for a corporation organiz	zed under the laws of the State of MI	in order
to change its reg	gistered office or registered as	gent, or both, in the State of Florida.	
1. The name of	he corporation: THE ANDE	ERSON TECHNOLOGIES, INC.	
2. The principal	office address: 480 WEST I	DUSSEL DR. MAUMEE OH 43537	- 1 ·
3. The mailing a	ddress (if different):		 .
4. Date of incorp	poration/qualification: 06/13/	2000 Document number: F00000003400	
	I street address of the current truent of State:	registered agent and registered office on file with the	
	CT CORPORATION SYS	TEM	
	1200 SOUTH PINE ISLA	ND ROAD	0
	PLANTATION FL 33324	TE TE	8 T
6. The name and (if changed):	I street address of the new reg	ristered agent (if changed) and /or registered office	6 J
	NRAI Services, Inc.	Tr. S	∞ <u></u>
	2731 Executive Park Di		25
	(P.O. E	Box or personal maiibox NOT acceptable)	
	Weston, FL 33331		- *
The street addre	ess of its registered office an	d the street address of the business office of its registered ag	ent, as
Such change withe board, or th	as authorized by resolution of e corporation has been notifi	luly adopted by its board of directors or by an officer so authed in writing of the change.	orized by
4	-11//	Thomas J. Handel,	
	Signature of an officer or director)	(Printed or typed name and title)	
been notified in	writing of th is chan ge.	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete perform he obligation of my position as registered agent. Or, if this a registered office address, I hereby confirm that the corpora	ance of my locument is tion has
NRAI Services	s, Inc.	Thelas	
by:-//	(Signature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Travis Pinksta	aff	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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