F00000007270

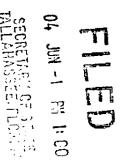
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300037496673

06/01/04--01056--020 **35.00



A. 6-8



May 27, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118.

Sincerely,

Trací Smíth Corporate Services

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	<u>-</u>
SUBJECT: Travis Pinkstaff (Name of corpor	ration)
DOCUMENT NUMBER: F00000007270	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Travis Pinkstaff	
(Name of person	on)
National Service Information	er e
(Name of firm/con	npany)
145 Baker Street (Address)	
Marion, OH 43302	
(City/state and zip	code)
For further information concerning this matter, please call:	- - -
Travis Pinkstaff	_ at (740)887 6806 (Area code & daytime telephone number)
(Name of person)	(Area code & daydine telephone humber)
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

Pursuant to the	provisions of sections 60%	7.0502, 617.0502, 607	. 1508, or 617.1508, Florida Statu	tes, this statement of
	itted for a corporation org			in order
to change its re	gistered office or registere	ed agent, or both, in th	ne State of Florida.	· ·
1. The name of	the corporation: PECO I	II GLOBAL SERVIC	ES, INC.	
2. The principal	office address: 1376 ST	ATE ROUTE 598 🗆 C	GALION OH 44833	
3. The mailing a	address (if different):			-
4. Date of incor	poration/qualification: 12	/29/2000	Document number: F000000072	70
5. The name and Florida Depart	d street address of the curr rtment of State:	rent registered agent a	nd registered office on file with the	, <u></u>
	CT CORPORATION	SYSTEM		严
	1200 SOUTH PINE IS	SLAND ROAD		器量子
	PLANTATION FL 333	324		SSEC T
6. The name and (if changed):	d street address of the new	registered agent (if cl	hanged) and /or registered office	PR I DO
	NRAI Services, Inc.			_
	526 E. Park Avenue	•		
	Œ	2.0. Box of personal mailbox !	NOT acceptable)	
	Tallahassee, FL 32	301		
The street addre changed will be	ess of its registered office identical.	e and the street addre	ss of the business office of its reg	istered agent, as
Such change wa the board, or the	as authorized by resolution e corporation has been no	on duly adopted by it otified in writing of the	s board of directors or by an offici he change.	er so authorized by
_ Sandy	a W Teauph	cest	SANDEA A FLANK HO (Printed of typed name a	ouse Sec/CFO
I hereby accept I further agree t duties, and I am being filed mere been notified in NRAI Services	the appointment as regis to comply with the provis a familiar with and accep ely to reflect a change in writing of this change.	stered agent and agressions of all statutes re to the obligation of my the registered office	e to act in this capacity, clative to the proper and complete y position as registered agent. O address, I hereby confirm that the	
by:	(Signature of Registered Agent)	74	5/24/04 (Date)	
If signing on be	half of an entity:		,	-
Travis Pinksta	eff —		Assistant Secretary	
	(Typed or Printed Name)		(Capacity)	

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