

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone : (850)521-1000

Fax Number : (850)558-1575

UG 21 NA GOOD

REGISTERED AGENT CHANGE

HANSON PRESSURE PIPE, INC.

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Corporate Filing Menu

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8/21/2009

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

statement of change is submitted	l for a corporation organi	?, 607.1508, or 617.1508, Florid zed under the laws of the State of red agent, or both, in the State of	Ohio
1. The name of the curporation:		_	
2. The principal office address: 300 E. John Carpenter Fr			
3. The mailing address (if differ	ent):		
4. Date of incorporation/qualific	eation: 02/08/2001	Document number: F0100	00000766
5. The name and street address of Fiorida Department of State:	of the current registered ag	ent and registered office on file t	with the
CT Corporat	ion System	41.6	_ =
1200 South F	1200 South Pine Island Road		超量力
Plantation, F	L 33324		一題馬下
6. The name and street address (if changed):	of the new registered agent	t (if changed) and /or registered o	7009 AUG 21 AM II: 23 TALLAHASSEE, FLORID
Corporation	Service Company		TEST F.
1201 Hays S	treet		
T-11.1	(P.O. Box NOT acceptable)		
	ered office and the street a	address of the business office of by its board of directors or by lifted in writing of the change.	
Man War or or or	roctor)	Maureen Cullen, Attorney	
I hereby accept the appointment of further agree to comply with of my duties, and I am familiar accument is being filed merely corporation has been notified a Corporation Service Co	nt as registered agent and the provisions of all statu- with and accept the obli- to reflect a change in the in writing of this change. mpany	d agree to act in this capacity, ites relative to the proper and c gation of my position as registe registered office address, I hen	omplete performance red agent. Or, if this reby confirm that the
By: Common of Registered	Agent)	08/13/2009 (Date)	
If signing on behalf of an entire	y:		
Elizabeth A. Dawson, Asst. (Typed or Printed Nam			

* * * 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)