

F0100000405C

(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



400022631724

09/08/03--01088--003 \*\*35.00

FILED  
03 SEP - 8 PM 4: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/A chg.  
mm  
9/10/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** US SURVEYOR INC.  
(Name of corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY JOHNSON  
(Name of person)

US SURVEYOR, INC  
(Name of firm/company)

4929 RIVERWIND POINTE DR  
(Address)

EVANSVILLE, IN 47715  
(City/state and zip code)

For further information concerning this matter, please call:

NANCY JOHNSON at ( 812 ) 402-7001 X. 207  
(Name of person) (Area code & daytime telephone number)

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of INDIANA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: US SURVEYOR, INC.

2. The principal office address: 4929 RIVERWIND POINTE DR EVANSVILLE, INDIANA 47715

3. The mailing address (if different): PO BOX 5123 EVANSVILLE, IN 47716-5123

4. Date of incorporation/qualification: 8/1/01 Document number: F0100004050

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM  
1200 S. PINE RD  
PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM CLARK  
318 S SCENIC HWY SUITE 100  
(P.O. Box or personal mailbox NOT acceptable)  
LAKE WALES, FL 33859

FILED  
03 SEP - 8 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kristy C. Stutsman  
(Signature of an officer, chairman or vice chairman of the board)

KRISTY C. STUTSMAN, CORP SECRETARY  
(Printed or typed name and title)

*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 obligation 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 corporation has been notified in writing of this change.*

William C. Clark  
(Signature of Registered Agent)

Sept. 3, 2003  
(Date)

If signing on behalf of an entity:

WILLIAM C. CLARK  
(Typed or Printed Name)

VP, US SURVEYOR FLORIDA OFFICE  
(Capacity)

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