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## **FILING REQUEST**

July 9, 2004

## FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

BARNHART CRANE AND RIGGING COMPANY

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #15993 FOR \$35.00

Return Via:

**REGULAR MAIL** 

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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

	•	0502, 607.1508, or 617.1508, Florida Statutes, this s er the laws of the State of <u>"Tennessee</u>	tatement of in order
	gistered office or registered agent, or		
1. The name of	the corporation: Barnhart Crane ar	nd Rigging Co.	
2. The principal	office address: 1701 Dunn Ave., M	emphis, TN 38106	
			<del></del> ,
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/12/2002	Document number: F02000003026	
	d street address of the current registers rtment of State:	ed agent and registered office on file with the	
	CT Corporation System		••
•	1200 S Pine Island Road		
	Plantation, FL 33324	ں بے	, e
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	TO TO TO
	NRAI Services, Inc.	· · · · · · · · · · · · · · · · · · ·	器 星
	526 E. Park Avenue		2: (
	•	onal mailbox NOT acceptable)	SEE 10
	Tallahassee, FL 32301		7
The street addrechanged will be	ess of its registered office and the street identical.	reet address of the business office of its registered a	igent, as
Such change w the board, or th	as authorized by resolution duly add e corporation has been notified in w	pted by its board of directors or by an officer so au riting of the change.	ithorized by
	Stenature of an officer of director)	Sue Brodtmann, Vice President (Printed or typed name and title)	<del></del>
oeen notifiea ir	i writing of this change.	t and agree to act in this capacity. statutes relative to the proper and complete perfor ation of my position as registered agent. Or, if this red office address, I hereby confirm that the corpor	mance of my document is ration has
NRAI Services	s, Inc. U. (a Hallo- (Signature of Registered Agent)	7/9/04 (Date)	
If signing on be	chalf of an entity:	(2-10)	
Melissa Hobb		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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