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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

RA Change 03/30/06 Dc



March 17, 2006

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 110

Sincerely,

Jill Probst
Corporate Services Department

COVER LETTER

Amendment Section Division of Corporations

то:

SUBJECT:	TRANSWHEEL COI	RPOI	RATION	
SCHOLET	(Name of Co	rporatio	on)	
DOCUMENT NUMBE	R:F0200	0003	273	
The enclosed Statement	of Change of Registered Office	'Agent a	and fee are submitt	ed for filing.
Please return all correspo	ondence concerning this matter	to the fo	ollowing:	
	Jill Pro	bst		
	(Name of Cont	act Per	son)	
	National Service I	nform	nation, Inc	
	(Firm/Cor	npany)		
	145 Bak	cer St		
	(Addre	ess)		
	Marion, Ol	h 1220	าว	
	(City/State and			
For further information c	oncerning this matter, please ca	.l1:		
	Il Probst Contact Person)	_ at (740)	387-6806 me Telephone Number)
(Name of	Comact i erson)	(73	irea Code & Dayiii	me relephone Number)
Enclosed is a \$35.00 che	ck made payable to the Departm	nent of	State,	
	A.E. 170 A. 1. 3		<i>~.</i>	
Į	Mailing Address: Amendment Section		Street Address: Amendment Sec	ction
	Division of Corporations		Division of Cor	-
]	P.O. Box 6327		Clifton Building	
,	Tallahassee, FL 32314		2661 Executive Tallahassee, FL	

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

-	-		607.1508, or 617.1508, Fi ed under the laws of the Sta		is	
-	-	-	ed agent, or both, in the Sta			
1. The name of the corporation: TRANSWHEEL CORPORATION				RATION		
2. The principal	office address:	3000 YEOMAN WAY HUNTINGTON IN 46750				
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: _	06/26/2002	Document number:	F0200000	13273	
	d street address of the continent of State:	urrent registered age	nt and registered office on	file with the		
		CARTILE,	JIM			
		17510 US H	WY 41			
		LUTZ FL 33	3549			9
6. The name and (if changed):	I street address of the n	ew registered agent ((if changed) and /or registe	ered office	06 MAR	SECRET VISION
	Natio	nal Registered	d Agents, Inc.		22	OF CO
			CDrive, Suite 4		3	경우 0
	(P.	O. Box NOT acceptable) Weston, FL	33331		<u>ي</u>	RATI
The street addre	ess of its registered off be identical.	·····	ddress of the business offi	ce of its registere	d agent,	ONS
Such change wa authorized by th	as authorized by resolute board, or the corpor	ntion duly adopted bation has been notified	by its board of directors or fied in writing of the chan	r by an officer so		
	re of an officer or director)		Lefalter P. Hank			4
I hereby accept I further agrée t of my duties, an document is bei	the appointment as re	gistered agent and visions of all statute accept the obligate to the colling the colling to the colling the colling to the colling the col	agree to act in this capac es relative to the proper a ation of my position as re registered office address,	ity. ind complete perf gistered agent. (I hereby confirm	ormance Or, if thi that the	e s ;
melody To	uman (Laustan gnature of Registered Agent)	t Sucretary	3.8.06	····		
	enature of Registered Agent) chalf of an entity:	Ø	(Date)			
0 0	•	acrotan <i>i</i>				
	eman, Assistant So Typed or Printed Name)	<u> </u>				
	+	* * * FILING FEE	: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314