

F03000001580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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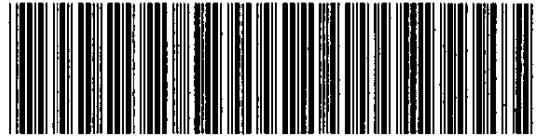
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RACM  
9/8/08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRACHTE BUILDING SYSTEMS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F03000001580

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:

Tess Howell

(Name of Contact Person)

National Registered Agents, Inc.

(Firm/Company)

11600 College BLVD #210

(Address)

Overland Park, KS 66210-9898

(City/State and Zip Code)

For further information concerning this matter, please call:

Tess Howell

(Name of Contact Person)

at ( 800 ) 520-6724 X503

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2008

TESS HOWELL  
11600 COLLEGE BLVD., # 210  
OVERLAND PARK, KS 66210-9898

SUBJECT: TRACHTE BUILDING SYSTEMS, INC.  
Ref. Number: F03000001580

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for TRACHTE BUILDING SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 608A00046818

**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 WI in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRACHTE BUILDING SYSTEMS, INC.
2. The principal office address: 314 WILBURN ROAD SUN PRAIRIE WI 53590
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/31/2003 Document number: F03000001580

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

MCNEILL, H. GREGORY  
LOWNDES DROSDICK DOSTER KANTOR & REED  
215 NORTH EOLA DRIVE ORLANDO FL 32801 US

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

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

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.

Kevin L. Parks, CPA, CMA  
(Signature of an officer or director)

Kevin L. Parks, CFO  
(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.

NRAI SERVICES, INC.

By: Amy Purdy  
(Signature of Registered Agent)

8/25/08  
(Date)

If signing on behalf of an entity:

Amy Purdy, Assistant Secretary  
(Typed or Printed Name)

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

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