Division of Corporations Electronic Filing Cover Sheet

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(((H10000270415 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195

: (850)521-1000

Fax Number

: (850)558-1515

the email address for this business entity to be used for future dnnual report mailings. Enter only one email address please.**

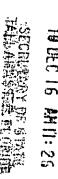
nail	Address:	 	

REGISTERED AGENT CHANGE BERTHOLD TYPES LIMITED INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Help



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

	·	2, 607.1508, or 617.1508, Florida Statutes, the ized under the laws of the State of Illinois	is	
		red agent, or both, in the State of Florida.	-	
1. The name of t	he corporation: BERTHOLD TYPES	LIMITED INCORPORATED		
2. The principal	office address: 47 W. Polk St., #100-3	340, Chicago, IL 60605		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/22/2004	Document number: F04000003530		
	street address of the current registered ag trnent of State:	ent and registered office on file with the	•	
	CT Corporation System			•
	1200 South Pine Island Rd.			
	Plantation, FL 33324		邦高	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office		OF CO
	Corporation Service Company			3
	1201 Hays Street			=
	(P.O. Box NOT acceptable)		123	0
	Tallahassee, FL 32301		323	
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its registered	d agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Elma	all	Elizabeth A. Dawson, Attorney in Fact	:	
Signatu	re of an officer or director)	(Printed or typed name and title)		
I hereby accept I further agree to of my duties, and document is best corporation has	the appointment as registered ayent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perf gation of my position as registered agent. C registered office address, I hereby confirm	ormance r, if this that the	
By:	on Service Company	12/15/2010		
(Sig	nature of Registered Agent)	(Date)		
If signing on bel	half of an entity:	·		
Sylvia Queppe	t, Asst. VP			
(T	yped or Printed Namo)	•		
	* * * FILING FEI	E: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassbe, FL 32314

CR2E045 (8/05)