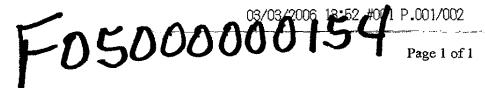
Division of Corporations



Florida Department of State

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To:

Division of Corporations

Fax Number

: {850}205-0380

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number: 120000000088 : (800)221-0102 Phone

Fax Number : (212)564-6083

REGISTERED AGENT CHANGE

INDALEX INC.

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

statement of cha	provisions of sections 607.0 ange is submitted for a corpo	oration organiza	ed under the law	s of the State of	•	this AWARE		
in order to chan 1. The name of the	ge its registered office or re the corporation:	gistered agent,	or both, in the Si	tate of Florida.				
		INDA	LEX INC.					
2. The principal office address: 75 TRI-STATE INTERNATIONAL, SUITE 450 LINCOLNSHIRE				I L	60069			
3. The mailing a	ddress (if different):			,				
4. Date of incorp	poration/qualification:	1/10/2005	Document m	ımber:	F05000	000154		
	I street address of the curren trnent of State:	t registered ager	nt and registered	office on file w	ith the		-	
	COR	PORATION SE	RVICE COMPA	MY		=		
	1201 HAYS STREET							
•	TALLAHASS	SEE	FL	32301-25	25	生产	S KA	
6. The name and (if changed):	street address of the new re	gistered agent (if changed) and /	or registered of	fice	芸芸	₹-3 F	
	Nati	onal Corporat	e Research, L	td.			P# 3:	C
515 East Park Avenue							9	
	Tallahassee	(P.O. Box NO)	Florida	32301				
The street addre	ss of its registered office as be identical.	nd the street ad	dress of the busi	ness office of i	ts register	ed agent		
Such change was	s authorized by resolution e board, or the corporation	duly adopted by has been notifi	_	**	A	0		
Much	104			Unicother 1	4666			=
(S) I hereby accept to I further agree to If my duties, and iocument is beir corporation has	induture of an officer or director) the appointment as register of industry with the provision of I am familiar with and ac ng filed merely to reflect a been notified in writing of	red agent and a ns of all statute cept the obliga change in the r this change.	gree to act in the s relative to the tion of my positi egistered office	(Printed or typed its capacity, proper and con ion as registere address, I here!	name and tit nplete per ed agent by confirm	le) rformand Or, if the n that the	e is e	
1.130	Instrument			2-17-	-06			
(Signature of Registered Agent)		·	æ	late)		-	_
	nalf of an entity:	10.00						
DUSAN	BUSCATULTA, (Typed or Printed Name)	HSS 1-5	ecyn					
•		* * FILING FI	CE: \$35.00 * * *	ŧ				

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

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