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FILING REQUEST

November 21, 2006

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

GENMAR TRANSPORTATION, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

Check Enclosed:

CHECK #24866 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!

Jackie Sorman

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

1 The name o	f the corporation:	Genmar Transportation, Inc.	
2. The principal office address: 2900 IDS Center, 80 South Eighth Street, Minneapolis, MN 55402			
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 12/28/2005	Document number: F0500007498	
5. The name a		agent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road		2006
	Plantation, FL 33324		2006 HU
6. The name a (if changed)	nd street address of the new registered ago	ent (if changed) and /or registered office	()
	NRAI Services, Inc.		
	2731 Executive Park Drive, Su	ite 4	
	(P.O. Box NOT acceptable) Weston, FL 33331	e)	
The street add as changed wi	lress of its registered office and the stree ill be identical.	et address of the business office of its registered agent	,
Such change vauthorized by	was authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.	
	C. Coolin B	Roger R. Cloutier, President	
` •	ature of an officer or director) of the appointment as registered agent a	(Printed or typed name and title)	
I further agree of my duties, a document is b	on the appointment as registered agent a e to comply with the provisions of all sit and I am familiar with and accept the ol eing filed merely to reflect a change in t as been notified in writing of this chang	stutes relative to the proper and complete performanc bligation of my position as registered agent. Or, if thi the registered office address, I hereby confirm that the e.	e is e
Nu	aphy in	11-21-06	
	Signifiure of Registered Agent)	(Date)	
If signing on l	behalf of an entity:		
Sue Johns	son, Asst. Secretary		
	(Typed or Printed Name)		

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