

FD6000007516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

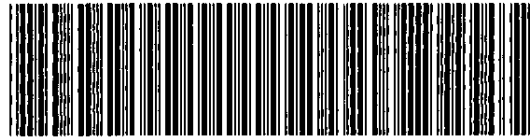
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 25 PM 2:53

RA/RO/chg  
⑩ 7/25/11



**NRAI  
CORPORATE  
SERVICES**

Formerly Premier Corporate Services, Inc.

July 7, 2011

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: MASTERVOLT, Inc.**

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Norine Nagel  
Client Specialist

[nnagel@nrai.com](mailto:nnagel@nrai.com)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2011

NRAI CORPORATE SERVICES  
% NORINE NAGEL  
200 WEST ADAMS STREET - SUITE 2007  
CHICAGO, IL 60606

SUBJECT: MASTERVOLT, INC.  
Ref. Number: F06000007516

*7/19/11 - Enclosed please  
find corrected document.  
Please proceed with the  
filing. Thank you  
Norine*

We have received your document for MASTERVOLT, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 311A00016564

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Mastervolt, Inc.
2. The principal office address: N86. W12500 Westbrook Crossing,  
Menomonee Falls, WI 53051
3. The mailing address (if different): PO Box 3241, Milwaukee, WI 53201-3241
4. Date of incorporation/qualification: 12/4/2006 Document number: F06000007516
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Terry M. Braatz  
Signature of an officer or director

Terry Braatz  
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.  
Norine Nagel  
Signature of Registered Agent

7/6/11  
Date

If signing on behalf of an entity:

Norine Nagel, 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  
CR2E045 (8/05)

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