Electronic Filing Cover Sheet

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(((H10000246430 3)))



H100002464303ABCU

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To:

Division of Corporations Division of Corporations Fax Number : (850)617-6380

\*RE-SUBMIT\*

From:

ACCOUNT Name : C T CORPORTING SECOND OIGNO SING

Phone

Fax Number

: (850) 222-109 date of submission pala

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

Email Addre	98:				
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and the same with the properties of the contract of the contra

## REGISTERED AGENT CHANGE PRIMARY ENGINEERING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	234
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

November 12, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PRIMARY ENGINEERING, INC. 2828 LAKE AVE FORT WAYNE, IN 46805

SUBJECT: PRIMARY ENGINEERING, INC.

REF: F08000002302

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: B10000246430 Letter Number: 610A00026640

RECEIVED

ONOVIS AN 8: 10

SECRETAIN OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	Primary Engi	neering, Inc.	
	Name o	f Corporation	<del></del>
DOCUMENT NUMB	ier:	F08000002302	
The enclosed Statemen	nt of Change of Registered Of	Tice/Agent and fee are su	bmitted for filing.
Please return all corres	pondence concerning this man	tter to the following:	
	Michael I	E. Lubbohusen	
<del></del>	Name of C	Contact Person	<del></del>
	Primary E	ngineering, Inc	
_		Company	
	986 Iron	wood Drive	
<del></del>	A	ddress	
	C	IN 46012	
		, IN 46033 and Zip Code	
	_	primary-eng.com	
E-m	ail address: (to be used for	`	ptification)
<u> </u>		carare amman report in	
For further information	concerning this matter, please	call:	
Michae	el E. Lubbehusen	at (	424-0 <del>11</del> 4
Name of	Contact Person	Area Code & De	ytime Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section	Street Addre Amendment	se: Cection
	Division of Corporations	Division of	Corporations
!	P.O. Box 6327	Clifton Buil	ding
·	Tailahassee, FL 32314	2661 Execut	ive Center Circle

Tailahassee, FL 32301

CR2E045 (8/05)

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Florid ed under the laws of the State of	Indian	10	_
	•		ed agent, or both, in the State of	riona	2	
	f the corporation: Primary			<del></del> -	<del></del>	
2. The principa	office address: 986 Ironv	vood Drive		<del>-'</del>	<u> </u>	
3. The mailing	address (if different):					
4. Date of incor	poration/qualification:	05/20/2008	Document number:	F080	00002302	
	d street address of the current of State: (If resigne		nt and registered office on file v	vith the		
	Corporation Service Com	рвпу			=	~
	1201 Hays Street				SEC	AON 0102
	Tallahassee FL 32301-23	525 US		_	RE T	Ą
6. The name and (if changed):	d street address of the new	registered agent (	if changed) and for registered or	ffice	CRETARY OF STATE	2
	C T Corporation System			_	STA STA	Ç
	do CT Corporation Syste	_		<del></del>	5.7	ر. ن
		P.O. Box NOT so	ueptable			
	Plantation, Florida 33324			-		
The street address is changed will	ess of its registered office be identical.	and the street add	dress of the business office of	its regis	tered ager	ıt,
Such change wa authorized by th	as authorized by resolution board, or the corporation	n duly adopted by on has been notifi	y its board of directors or by a ed in writing of the change.	n office	r 50	
The	De Lac		Michael E. Lubbehusen,	Sepreta	ry	
Signatur	e of an other or director		Printed or typed name and	litlø	·	-
		tered agent and a ions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity, s relative to the proper and co tion of my position as register, egistered office address, I here	mplete j rd agen by cant	performan t. Or, if it irm that th	co nis te
³y; }	Orneration System  172  193  194  195  195  195  195  195  195  195	s M. Halpin _ ent Secretary	11-10-10 Date			
7	half of an entity:	ant ospidially				
James	Halpin pod or Printed Name					
Ty	pcd 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)