Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

z (850)222-9428

REGISTERED AGENT CHANGE

DYN MARINE SERVICES, INC.

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

FLDS-06/17/01 CT System Online.

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

	e or registered agent. Or both. th
submits the following statement in order to change its registered office the State of Florida.	, , , , , , , , , , , , , , , , , , , ,
1. The name of the corporation : Dyn Marine Services, Inc.	<u> </u>
2. The mailing address of the corporation: 2100 East Grand Avenue, El Seg	undo, CA 90245
	<u> </u>
3. Date of incorporation/qualification: Merch 11, 1993 Docum	ent number: F93000006993
4. The name and address of the current registered agent and office:	ent number: F930000000933
Corporation Service Company	
1201 Hays Street	To E
Tallahassee, FL 32301	9,5
5. The name and address of the new registered agent (if changed) and/or (P. O. Box Not Acceptable)	
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road,	
Plantation, Florida 33324	
The street address of its registered office and the street address of the lagent, as changed, will be identical.	business office of its registered
Such change was anthorized by resolution duly adopted by its board of authorized by the board.	f directors or by an officer so
(Signature of an officer, clisitrous or vice chairman of the board)	June 30 , 2003 (Date)
Layward D. Fisk, Vice President (Franted or typed name and thic)	
Having been named as registered agent and to accept service of proce corporation, I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblig the statute of my duties, and I am familiar with and accept the oblig	ess for the above stated agree to act in this capacity. the proper and complete ation of my position as
egistic ed agent. CT Copporation System By: (Signature of Registered Agent)	57 (1/63 (Care)
f signing on behalf of an entity.	
ASSISTANT SECRETARY (Typed or Princed Name)	(Capacity)
-	· - F
* * * FILING FEE: \$35.00 * * *	