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P.O. Box 8787 Trenton, NJ 08618-1427 800-848-0489 Fax 609-883-7891 www.superiorinfo.com

Date: January 28, 2003

To: Florida Department of State

From: Ruth Talavera - Corporate Services Department

Re: Anderson Chemical Company, Inc.

Enclosed please find the Certificate of Change of Registered Agent and/or Office along with our check number 7454 in the amount of \$35 for the filing fee.

Please send me a filed stamped copy in the enclosed envelope.

Should you need any further information, please do not hesitate to contact me at (800) 848-0489, ext. 5407.

Thank you for your assistance in this matter.

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

Pursuant to t	he provisions of sections 607.0502	2, 617.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement	t of change is submitted for a corpo	ration organized under the laws of th	e State of
Georgia	a in order to change its reg	istered office or registered agent, or	both, in the State
of Florida.			
1. The name of	of the corporation: Anderson Chemical C	ompany, Inc.	
2. The princip	oal office address: P.O. Box 4507, Macon	, Georgia 31208	
3. The mailing	g address (if different): P.O. Box 4507,	Macon, Georgia 31208	
4. Date of inc	orporation/qualification: March	1, 1995 Document number:	F93000001118
	partment of State:	istered agent and registered office on	
	1201 Hays Street		
	Tallahasse, Florida 32301		_ ALL _ SEG
6. The name changed):		istered agent (if changed) and /or re	gistered of the (if
	NRAI Services, Inc.		
	526 E. Park Avenue (P.O. Box or personal)	al mailbox NOT acceptable)	
	Tallahasse, Florida 32301		<u></u>
The street adeagent, as char	dress of its registered office and the aged will be identical.	e street address of the business office	e of its registered
authorized by	the board, or the corporation has l	adopted b its board of directors or been notified in writing of the chang	by an officer so e.
William Of an offi	icer, chairman or vice chairman of the board)	William B. Walkemeyer, Vice Pro (Printed or typed name and title)	esident
I hereby acce I further agre performance or registered ago office address	pt the appointment as registered a ee to comply with the provisions of of my duties and I am familiar with ent. Or, if this document is being f	gent and agree to act in this capacity all statutes relative to the proper and hand accept the obligation of my posited merely to reflect a change in that ation has been notified in writing of January 28, 2003	y. d complete osition as e registered
r organing on oct	B. April Brady	Asst. Secretary	
(Typed or Printed Name) (Capacity)		<u> </u>	

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