## F93000003993

(F	Requestor's Name)	<u> </u>
( <i>F</i>	Address)	
(A	Address)	
(0	City/State/Zip/Phor	e#)
PICK-UP	MAIT	MAIL
(E	Business Entity Na	me)
(E	Document Number	)
Certified Copies	Certificate	s of Status
Special Instructions t	to Filing Officer:	
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## -PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

February 23, 2005

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: D V Technologies, 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. Also enclosed is a check for the required fee.

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,

Tony Alexander

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TA/smc. Encl.

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

Pursuant to the	provisions of sections 607.0502, 617.050	)2, 607.1508, or 617.1508, Florida Statutes, ti	his statem	ent of	
change is submitted for a corporation organized under the laws of the State of Iowa			i	in orde	•
to change its reg	gistered office or registered agent, or bot	h, in the State of Florida.			
1. The name of	the corporation: DV Technologies, Inc	·			
2. The principal	office address: 838 1st Street NW, Ce	dar Rapids, IA 52407			
3. The mailing a	address (if different): P.O. Box 74570, C	Cedar Rapids, IA 52407			
4. Date of incorp	poration/qualification: 6/29/93	Document number: F93000002993			
	I street address of the current registered a tment of State:	gent and registered office on file with the			
	CT CORPORATION SYSTEM				
	1200 S. PINE ISLAND ROAD	<del></del>			
	PLANTATION FL 33324		TA:	0	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	ECNE IA	5 FEB 2	10 mm
	NRAI Services, Inc.			28 PH	
	526 E. Park Avenue		. F. S.	<b>=</b>	
	(P.O. Box or personal 1	mailbox NOT acceptable)	RIC	Ē	
	Tallahassee, FL 32301		<b>&gt;</b>	·	
The street addre	ess of its registered office and the street identical.	address of the business office of its register	ed agent,	as	
Such change wa	as authorized by resolution duly adopted corporation has been notified in writing	d by its board of directors or by an officer so ng of the change.	o authoriz	zed by	
M	ignature of an officer or director)	Mike Luukkonen, Vice President (Printed of typed name and title)			
I hereby accept I further agree i duties, and I am being filed mere	the appointment as registered agent an to comply with the provisions of all stat I familiar with and accept the obligation by to reflect a change in the registered writing of this change.	d agree to act in this capacity, utes relative to the proper and complete per n of my position as registered agent. Or, if the office address, I hereby confirm that the cor	•	e of my ment is has	
by: Will	Signature of Registered Agent)	FOOMANY 23, 2005 (Date)			
•	half of an entity:	· ·/			
Anthony J. Ale	exander	Asst. Secretary			
	(Typed or Printed Name)	(Capacity)			

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