

F93000004748

(Requestor's Name)

(Address)

(Address)

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PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

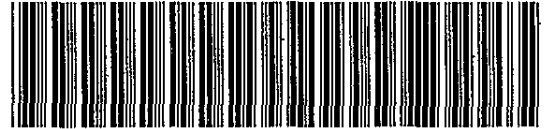
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Deborah K. Rager gave  
authority to make  
corrections on Reg Agent  
names.*

*8/17 ac*

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L. Robert Kimball & Associates, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F93000004748

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debora L. Rager  
(Name of contact person)

L. Robert Kimball & Associates, Inc.  
(Firm/Company)

615 West Highland Avenue, P.O. Box 1000  
(Address)

Ebensburg, PA 15931  
(City/state and zip code)

For further information concerning this matter, please call:

Debora L. Rager at ( 814 ) 472-7700 Ext. 204  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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

- 1. The name of the corporation: L. Robert Kimball & Associates, Inc.
- 2. The principal office address: 615 West Highland Avenue, P.O. Box 1000  
Ebensburg, PA 15931
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: October 19, 1993 Document number: F93000004748

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~Narendra R. Dwarka~~ W. Brad Magill  
L. Robert Kimball & Associates, Inc.  
200 South Harbor City Boulevard, Suite 202, Melbourne, FL 32901-1389

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

NARENDRA R. DWARKA  
L. Robert Kimball & Associates, Inc.  
(P.O. Box NOT acceptable)  
200 South Harbor City Boulevard, Ste 202  
MELBOURNE, FL 32901-1389

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.

R. Jeffrey Kimball  
(Signature of an officer or director)

R. Jeffrey Kimball, President  
(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.*

N. Dwarka  
(Signature of Registered Agent)

Aug 9, 2004  
(Date)

If signing on behalf of an entity:

Narendra R. Dwarka  
(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