## C94000000754

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PICK-UP WAIT	MAIL	
(Business Entity N	Name)	
(Document Number)		
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SECRETARY OF STATE
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## **FILING REQUEST**

April 30, 2003

## FLORIDA SECRETARY OF STATE

Type of Filing:

**CHANGE OF AGENT** 

Subject(s):

**FASTENAL COMPANY** 

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #10627 FOR \$35.00

Return Via:

REGULAR MAÏĹ - SASE ATTACHED

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

**Jackie Sorman** 

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

this statement	of change is submitted for a corp	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, oration organized under the laws of the State of
Minnesota  of Florida.  1. The name o	in order to change its ref	egistered office or registered agent, or both, in the State
	al office address: 2001 Theurer B	
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 2/16/1	994 Document number: F9400000754
	nd street address of the current re artment of State: Brian Grimm	gistered agent and registered office on file with the
	2714 W. Silver Springs Blvd.	Se on
	Ocala, FL 34475	F. S.
6. The name and street address of the new registered agent (if changed) and /or registered of size (changed):  NRAI Services, Inc.		
	526 E. Park Avenue	onal mailbox NOT acceptable)
	Tallahassee, FL 32301	
The street add	lress of its registered office and t	he street address of the business office of its registered
		y adopted by its board of directors or by an officer so seen notified in writing of the change.
Agrical L7	er, chairman or vice chairman of the board)	Daniel Florness, CFO (Printed or typed name and title)
I hereby accep I further agree performance o	ot the appointment as registered e to comply with the provisions of of my duties, and I am familiar w	agent and agree to act in this capacity.  If all statutes relative to the proper and complete  with and accept the obligation of my position as  If filed merely to reflect a change in the registered  wration has been notified in writing of this change.
	(Signature of Registered Agent)	(Date)
If signing on beh	alf of an entity:	• •
By: Jackie S	/: Jackie Sorman Assistant Secretary (Typed or Printed Name) (Capacity)	
NRAI Services	Inc	G FEE: \$35.00 * * *