

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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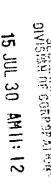
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE **V S M ABRASIVES CORPORATION**

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UNL 31 2015

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C LEWIS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS		
statement of change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Missouri registered agent, or both, in the State of Florida.	
1. The name of the corporation: VSM Abrasives C	orporation	
2. The principal office address: 1012 E. Wabash Road, O'Fallon MO 63366		
3. The mailing address (if different):		
4, Date of incorporation/qualification: 7/18/1994	Document number: F94000003725	
5. The name and street address of the current regis Florida Department of State: (If resigned, enter	stered agent and registered office on file with the	
NATIONAL CORPORATE RESEARCH,LTD.,INC.		
115 North Cathoun St., Suite 4		
Tallahassee, FL 32301		
6. The name and street address of the new register (if changed):	ed agent (if changed) and /or registered office	
C T Corporation System		
c/o C T Corporation System, 1200 S	South Pine Island Road	
P.O. E	On NOT acceptable	
Plantation, Florida 33324		
	street address of the business office of its registered agent,	
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	dopted by its board of directors or by an officer so sen notified in writing of the change.	
Venie Bell	Denise Boll, VP	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby confirm that the corporation has been not	il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address. I	
By: C Trisorporation System	7/29/2015	
Rigniture of Registred Agent	Doto	
James Halpin, Asst. Secretary		
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
CR2E045 (03/12)