

F94000003946

Florida Department of State
Division of Corporations
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Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
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REGISTERED AGENT CHANGE

SEADRALL CORP.

Certificate of Status	0
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RA Change
02/19/04

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

1. The name of the corporation: SHADRALL CORP.
2. The principal office address: 50 Tice Blvd., Woodcliff Lake, NJ 07677
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/28/94 Document number: F94000003946

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

The Practice-Hall Corporation System, Inc.

1201 Hays Street, Suite 105

Tallahassee, FL 32301

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

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

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.

Jeffrey Doblin, Secretary

(Signature of an officer, chairman or vice chairman of the board)

(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.*

C T Corporation System

By: (Signature)
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Sheila Clark

(Typed or Printed Name)

Asst Vice President

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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