

ACCOUNT NO.

072100000032

REFERENCE

4321730

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: January 23, 2001

ORDER TIME : 9:54 AM

ORDER NO. : 975252-055

CUSTOMER NO: 4321730

CUSTOMER: Ms. Eva Jane C. Marsh

Flying J Inc. 50 West 990 South

P.o. Box 678

Brigham City, UT 84302

CHANGE OF AGENT

NAME: BWOC INC.

200003601252-

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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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, the undersigned corporation organized under the laws of the State of Delaware	
submits the following statement in order to change its registered	
the State of Florida.	
1. The name of the corporation is:	M-141 -
2. The mailing address of the corporation is: 50 w 990 S. Brigham City, UT 84302	
3. Date of incorporation/qualification: 8/2371995	Document number: F95000004097
4. The name and address of the current registered agent and office	e:
CT Corporation System	SECH TALL/
1200 South Pine Island Road	AHASS
Plantation, Florida 33324	SSEE C
5. The name and address of the new registered agent and office: ((P. O. Box Not Acceptable)
Corporation Service Company	(P. O. Box Not Acceptable)
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its tauthorized by the board.	board of directors or by an officer so
	January 16, 2001
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Barre G. Burgon / Secretary	
(Printed or typed name and title)	•
Having been named as registered agent and to accept service of p corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the corporations.	ana agree to act in inis capacity. ve to the proper and complete
Risahin Hall	1-29-01
By: (Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Bobbie Hall	Asst. Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)