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(((H09000226335 3)))



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Division of Corporations

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From:

Account Name : BUSINESS FILINGS Account Number: 105256001620

Phone : (608)827-5300

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## REGISTERED AGENT CHANGE

COLUMBIA ANALYTICAL SERVICES, INC.

Certificate of Status	0
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Page Count	02
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## fax Ouds # 409000224335 3

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute. of change is submitted for a corporation organized under the laws of the State of	S,
Washington	of change is submitted for a corporation organized under the taws of the state of in order to change its registered office or registered agent, or both, in the Stat	to
of Florida.		
1. The name o	f the corporation: COLUMBIA ANALYTICAL SERVICES, INC.	
2. The principa	al office address: 1317 S. 13th Avenue, Kelso, WA 98626	
3. The mailing	address (if different):	
4. Date of inco	prporation/qualification: 11/28/1995 Document number: F9500000576	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	CORPAMERICA, INC.	
	1201 HAYS STREET	
	TALLAHASSEE FL 32301	
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if Business Filings Incorporated	if =1.0
		S PECT
	1203 Governors Square Blvd., Suite 101  (P.O. Box of personal manbox NOT acceptable)	S E
	Tallahassee, FL 32301-2960	OS OCT 22
The street addingent, as change	ress of its registered office and the street address of the business office of its registered ged will be identical.	OF SAIDA
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board or the corporation has been notified in writing of the change.	9: 5 9: 5
(Signature of an office	James Carlson, Secretary  r, chairban ovice charman of the board)  (Printed or typed name and title)	0 7
I hereby accep I further agree performance o registered agei office address,	It the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as It or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.	
\M.\	10/2/09	
,	Signature of Registered Agent) (Date)	
If signing on beha Mark Williams	of an entity:  AVP	
	Typed or Printed Name) (Capacity)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314

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