

## 95000005779

February 16, 2001

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

onna Sandlin.

Attn: Corporate Filing Dept.

Re:

LUBAR CORP.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. I have enclosed check #7915 in the amount of \$35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-345-4647, ext. 152.

Thank you.

Donna Sandlin

**Enclosures** 

## 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 Texas
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: LUBAR CORP.
2. The mailing address of the corporation is:
3. Date of incorporation/qualification: 11-28-95 Document number: F950000057
4. The name and address of the current registered agent and office:
NRAI Services, Inc.
526 East Park Avenue
Tallahassee, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
1333 North Duval St.
Tallahassee, FL 32303
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
authorized by resolution duly adopted by its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)
President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Delanie Case 7-16-01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:  Delanie Case
(Typed or Printed Name)
(Capacity)
* * * FILING FEE: \$35.00 * * *

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