

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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2009 AUG 17 AM 8:00
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SCHNEIDER NATIONAL, INC.

Certificate of Status	0
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817-19

PA Change

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

Pursuant to the provisions of sections 607.0502, 617.0503, 607.1508, or 617.1509, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Wisconsin
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCHNEIDER NATIONAL, INC.
2. The principal office address: 3101 S. PACKERLAND DRIVE GREEN BAY WI 54306-2524
3. The mailing address (if different): F. O. BOX 2545 GREEN BAY WI 54306-2545
4. Date of incorporation/qualification: 05/29/1996 Document number: F96000002663
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

KESSLER, PAULA, THE LITIGATION BLDG 3RD FL

633 SOUTH ANDREWS AVE

PORT LAUDERDALE FL 33301 US

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

C T Corporation System

1203 Governor's Square Blvd Suite 101

P.O. Box NOT acceptable

Tallahassee, FL 32301-2960

The street address of its registered office and the street address of the business office of its registered
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.

[Signature]
Signature of an officer or director

John Brenholt, Secretary
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.

By: [Signature]
Signature of Registered Agent

8/17/09
Date

If signing on behalf of an entity:

Kristine Heiberger

Assistant Secretary

*** 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 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 17 PM 4:45

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