

Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE AĤAM ARCHITECTURAL PRODUCTS CORPORATION

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the statement of cha	provisions of sections δί inge is submitted for a c	07,0502, 617.0502, 6 orp <mark>o</mark> ration organized	07.1508, or 617.1508, Flo I under the laws of the Sta	orida Statutes, this te of Pennsylvania			
in orde	er to change its registere	d office or registered	l agent, or both, in the Sta	te of Florida.			
1. The name of	the corporation: GR	AHAM ARCHITI	ECTURAL PRODUC	CTS CORPORATION			
2. The principal YORK, PA	office address: <u>1551 N</u> 17403	MT ROSE AVE					
3. The mailing a YORK, I	iddress (if different): PC PA 17405	D BOX 1104					
4. Date of incorp	poration/qualification:	Aug 27, 1996	Document number:	F96000004388			
5. The name and Florida Depar	i street address of the cu tract of State: (If resign	rrent registered agen ned, enter resigned)	t and registered office on i	ile with the			
	CT Corporation System						
	1200 South Pine Island Road						
	Plantation, Florida	33324					
6. The name and (if changed):	I street address of the ne	w registered agent (i	f changed) and /or register	ed office			
	National Corporate	e Nesealdi, Lid.	, 1116.				
	155 Office Plaza	P.O. Box NOT ner	contrible	— 二元			
	Tallahassee, Florid	RPC S					
				12 JAN 17 AM 10.54 12 JAN 17 AM 10.54 e of its registered agent.			
Such change was authorized by the	as authorized by resolutive board, of the corpora	tion duly adopted by tion has been notifi	tits board of directors or cd in writing of the chang	by an officer so ge.			
Faul L Rudy II VP = Secretary Signature of an other or species Printed of typed name and title							
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflect been notified in writin	ristered agent and a islons of all statutes d accept the obligat ct a change in the re g of this change.	gree to act in this capacit i relative to the proper an ion of my position as reg egistered office address, I	ty. id complete performance istered agent. Or, if this hereby confirm that the			
Sig	nature of Registered Agent		1/17/201 Date	2			
\vee	balf of an entity:						
	son, Assistant Seci	retarv					
Typed or Printed Name							

* * * 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)