## F97000005819

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ac                     | ldress)            |                 |
| (Ac                     | ldress)            |                 |
| (Ci                     | ty/State/Zip/Phone | <del>:</del> #) |
| PICK-UP                 | WAIT               | MAIL            |
| (Bu                     | siness Entity Nam  | ne)             |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
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## COVER LETTER

SUBJECT: CONTINENTAL CARBONIC PRODUCTS, INC. (Name of Corporation) DOCUMENT NUMBER: F97000005819 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jill Probst (Name of Contact Person) National Service Information, Inc. (Firm/Company) 145 Baker St, Marion Ohio 43302 (City/State and Zip Code) For further information concerning this matter, please call: at ( 740 ) 387-6806 (Area Code & Daytime Telephone Number) Jill Probst (Name of Contact Person) Enclosed is a \$35,00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

| Pursuant to the provisions of sections 607.0502, 617.050, statement of change is submitted for a corporation organ.   |   |                          |
|---|---|--------------------------|
| in order to change its registered office or registe   | ered agent, or both, in the State of Florida.   |                          |
| 1. The name of the corporation: CONTIN  | ENTAL CARBONIC PRODUCTS, INC.   |                          |
| 2. The principal office address: 3985 E. HARRISON A   | VE. DECATUR IL 62526  | ····                     |
| 3. The mailing address (if different):  |   |                          |
| 4. Date of incorporation/qualification: 11/03/1997  | Document number: F9700005819  |                          |
| 5. The name and street address of the current registered as Florida Department of State:  |   |                          |
| WIESEMANN, ROBERT O   | [[  |                          |
| 585 N. MACEWEN DRIVE  |   |                          |
| OSPRAY FL 34229 US  |   |                          |
| 6. The name and street address of the new registered ager (if changed):   | nt (if changed) and /or registered office   |                          |
| NRAI Services, Inc.   |   | nu amai<br>. grammi<br>1 |
| 2731 Executive Park Drive,  |   |                          |
| (P.O. Box NOT acceptable)   | Suite 4 E. FLO  |                          |
| Weston, FL 33331  |   |                          |
| The street address of its registered office and the street as changed will be identical.  |   | ,                        |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no   | d by its board of directors or by an officer so stifled in writing of the change.   |                          |
| (Signature of an onicer of director)  | RANDY J Sp. +Z VP   |                          |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in the corporation has been notified in writing of this change. | nd agree to act in this capacity.<br>Lutes relative to the proper and complete performanc<br>Ligation of my position as registered agent. Or, if thi<br>ne registered office address, I hereby confirm that the | :e<br>is<br>e            |
| (Signature of Registered Agent)  (Signature of Registered Agent)  | ary 1/7/10 (Date)   |                          |
| If signing on behalf of an entity:  | •   |                          |
| Jill Probst   |   |                          |
| (Typed or Printed Name)  * * * FILING FE  | EE: \$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)