## F97000006813

(Re	equestor's Name)					
(Ac	ldress)					
(Aa	ldress)	<del></del>				
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL MAIL				
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(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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CCOULLIFTTE

AUG 3 1 2009

EXAMINER

## **COVER LETTER**

TO:	TO: Amendment Section Division of Corporations							
SUBJI	CT: Boral Material Technologies Inc. (Name of Corporation)							
DOCU	MENT NUMBER: F97000006813							
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
	Peter F. Souza							
	(Name of Contact Person)							
	NRAI Services, Inc.							
	(Firm/Company)							
	2731 Executive Park Drive, Suite 4							
	(Address)							
	Weston, FL 33331							
Ean fam	(City/State and Zip Code)							
FOR TUI	her information concerning this matter, please call:							
,	Peter F. Souza at (877 ) 261-6823 (Name of Contact Person) (Area Code & Daytime Telephone Number)							
Enclos	ed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

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

statement of cha	nge is submitted for a	corporation organi	?, 607.1508, or 617.150 zed under the laws of t	he State of Delay	ware			
in order to change its registered office or registered ager  1. The name of the corporation:  Boral N				•				
	office address: 200 M							
	eorgia 30076							
3. The mailing a	ddress (if different):							
4. Date of incorp	poration/qualification:	12/23/1997	Document number	F9700000	)6813			
5. The name and			ent and registered offic					
	C T Corporation	System						
	1200 S. Pine Isla	and Road			SEC	60		
	Plantation, FL 33	1224	· · · · · · · · · · · · · · · · · · ·		KHX 4 Bit	AUG 2	( Angles )	
6. The name and (if changed):	I street address of the r	new registered agent	(if changed) and /or re	egistered office	SSEE, F	28 AM 10:		
	NRAI Services	, Inc.	*		LONIO	0	-	
	2731 Executiv	e <u>Pa</u> rk Dr <u>ive,</u>			E A	တ်		
	Weston, FL	O. Box NOT acceptable)						
The street addre	ess of its registered of be identical.	fice and the street a	address of the business	s office of its re	gistered	agent,		
	( ) ( ) ( )	ution duly adopted ration has been not	by its board of directified in writing of the	ors or by an offi change.	ícer so )			
I hereby accept I further agree to of my fluties, an document is bei	the appointment as re to comply with the pro d I am fumiliar with a ng filed merely to ref s been potified in writ	egistered agent and ovisions of all statu and accept the obliq lect a change in the ing of this change.		yped name and title) apacity. per and comple as registered ag ress, I hereby co	te perfor gent. Or, onfirm th	mance if this at the	3	
	gnature of Registered Agent)		8/24/	Date)	<u> </u>			
	half of an entity:		,					
	uza, Assistant Se	cretary .						

\* \* \* FILING FEE: \$35.00 \* \* \*

(Typed or Printed Name)