Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

TATA AMERICA INTERNATIONAL CORPORATION

Certificate of Status	0
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Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of North are to change its registered office or registered agent, or both, in the State of Florid	lew York
1. The name of t	the corporation: TATA AMERICA INTERNATIONAL CORPORATION	N
	office address: 101 PARK AVENUE, 26TH FLOOR, NEW YORK NY	
3. The mailing a	address (if different):	
4. Date of incom	poration/qualification: 09/16/1998 Document number: F98000005	201
The name and Florida Depar	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)	U
	Comparation Service Company.	
	1201 Hays STARET	
	Componition Service Company 1201 Hays STARET Talahassee FL, 32801-2528	2009 SE TAL
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office	2009 APR -9 SECRETAR TALLAHASS
	C T Corporation System	PH Y OF SEE. F
	c/o C T Corporation System, 1200 South Pine Island Road	1 3: FLO
	(P.O. Box NOT secuptable)	ATE OS
•	Plantation, Florida 33324	5
	ess of its registered office and the street address of the business office of its registered by resolution duly adopted by its board of directors or by an office board of the change.	
	Satya 5. Hegde - Vice President (Printed or typed name and little)	,
hereby accept to further agree to further agree to further agree to further agree to further to further to further to further accument is being corporation has	the appoinment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered agent filed merely to reflect a change in the registered office address. I hereby cobeen notified in writing of this change.	e performance ent. Or, if this nfirm that the
av:	Componential Systemark S. Eppley	
الو الت	half of an entity:	
(1)	yped 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)