## F9900000178

•					
(Requestor's Name)					
(Address)					
·					
(Address)					
(Madicas)					
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
	L ••/ ···				
(B)	usiness Entity Nam	<u> </u>			
(0)	asiness Entity Nam	ie)			
(Document Number)					
Certified Copies	Certificates	of Status			
•					
Special Instructions to	Filing Officer:				
· ·					
		·			
•					

Office Use Only



900133299599

07/25/08--01024--003 \*\*35.00



Machanse News 7-30-08



July 21, 2008

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is  $1-800-235-0337 \times 110$ 

Sincerely,

Jill Probst Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
•					
SUBJECT: OMNISOURCE CORPORATION SOUTH					
(Name of Corporation)					
DOCUMENT NUMBER: F9900000178					
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)					
(Name of Contact 1)	or sorry				
NATIONAL SERVICE INFORMAITON INC					
(Firm/Company)					
AAF DAKED OT					
145 BAKER ST (Address)					
,					
MARION OHIO 43302					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JILL PROBST at (740 ) 387-6806 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	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	r a corporation organ	2, 607.1508, or 617.150a ized under the laws of th ered agent, or both, in th	e State of Indiana	
1. The name of the corporation:		OMN	OMNISOURCE CORPORATION SOUTH		
2. The principal 7575 W. J		VD. FORT WAYN	IE IN 46804-4131		
3. The mailing a	ddress (if different)	):	·		
4. Date of incorp	oration/qualification	on: 1/12/190	77 Document number	F9900000178	
	street address of the timent of State:	he current registered a	gent and registered office	e on file with the	
	CONSENTIN	NO, GREGORY	W		
	16770-1 REI	BAR RD			
	BALDWIN F	L 32234 US		75 Z	
6. The name and (if changed):	street address of th	he new registered ager	t (if changed) and /or re	gistered office	
	NRAI Servic	es, Inc.	· · · · · · · · · · · · · · · · · · ·		
	2731 Execu	tive Park Drive,			
	Weston, FL	(P.O. Box NOT acceptable) _ 33331	) 		
The street addre	ess of its registered be identical.	l office and the street	address of the business	office of its registered agent,	
Such change wa authorized by th	s authorized by re te board, or the co	solution duly adopted rporation has been no	d by its board of directo	rs or by an officer so change.	
Mary	re of an officer of directo	<u>,</u> <del>or)</del>		c. Vice President	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment a o comply with the d I am familiar wi ng filed merely to been notified in w	ns registered agent an provisions of all stat ith and accept the obl reflect a change in th writing of this change	d agree to act in this ca utes relative to the prop igation of my position a e registered office addr	spacity. ver and complete performance as registered agent. Or, if this vess, I hereby confirm that the	
( ) ui	Md	Q+	7-18-0	08	
	nature of Registered Ago half of an entity:	ent)	(1	Date)	
JILL PROE	SST				

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