

F99000002756

FILED
APR 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

(1) Manufacturers Consolidation Service, Inc.

(2) Levcon, Inc.

CA
Change

000004092890--5
-05/01/01-01001-011
*****35.00 *****35.00

- | | | |
|----------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
01 APR 30 PM 3:29
DIVISION OF CORPORATION

Name Shiloi
Availability 11/01
Document 1002
Examiner 1002
Updater 1002
Verifier _____
W.P. Verifier _____

4/30/01

Order#: 3961997

Ref#: _____

Amount: \$ _____

CB

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Tennessee submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: _____

Levcon, Inc.

2. The mailing address of the corporation is: _____

2300 Clayton Rd. Suite 1200 Concord, Ca 94520

3. Date of incorporation/qualification: May 27, 1999 Document number: F99000002756

4. The name and address of the current registered agent and office:

NRAI Services, Inc.

526 East Park Avenue

Tallahassee FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)


C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

4/27/01
(Date)

MARK SUMMERHAYS VICE PRESIDENT
(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:


(Typed or Printed Name)

4/27/01
CRAIG HUNDLEY
SPECIAL ASST. SECRETARY
(Capacity)

CR2E045(4/95)

FILING FEE: \$35.00