

F99000004522

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Giles Engineering Associates, Inc.  
Name of Corporation

DOCUMENT NUMBER: F99000004522

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:

Alan R. Bembenek, Corporate Counsel  
Name of Contact Person

Giles Engineering Associates, Inc.  
Firm/Company

N8 W22350 Johnson Drive, Ste. A1  
Address

Waukesha, Wisconsin 53186-1679  
City/State and Zip Code

agiles@gilesengr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan R. Bembenek, Corporate Counsel at ( 262 ) 544-0118  
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  
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

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1. The name of the corporation: Giles Engineering Associates, Inc.
2. The principal office address: N8 W22350 Johnson Drive, Suite A1  
Waukesha, Wisconsin 53186-1679
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/30/1999 Document number: F99000004522
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael D. Kroenke

4155 St. Johns Parkway, Suite 1200

Sanford FL 32771

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

515 E. Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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, or the corporation has been notified in writing of the change.

Patrick D. Reuteman  
Signature of an officer or director

Patrick D. Reuteman, Vice President

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Geraldo Miranda  
Signature of Registered Agent

12-15-2011  
Date

If signing on behalf of an entity: NRAI SERVICES, INC.

GERALDINE MIRANDO

Typed 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)