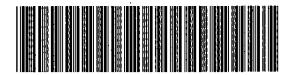
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COVER LETTER

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			
jgiles@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 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. 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): F99000004522 08/30/1999 ___ Document number: ___ 4. Date of incorporation/qualification: 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 33301 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, 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. Signature of Registered Agent If signing on behalf of an entity: NRAI SERVICES, INC.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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

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