Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

; (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email J	ddress:			

REGISTERED AGENT CHANGE QUAKER SALES & DISTRIBUTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

WAChange News , 2-23-09

## **COVER LETTER**

TO: Amendment S Division of Co	ection orporations	
SUBJECT:	Quaker Sales & Distril	oution, Inc.
	Name of Co	poration
DOCUMENT NUMB	ER;F990	00005100
The enclosed Statemen	t of Change of Registered Office/	Agent and fee are submitted for filing.
	pondence concerning this matter t	
	·	
	Name of Cont	act Person
	Firm/Com	pany .
	•	•
	Addres	15
	City/State and	·
	Megan.Hurley@r	-
	rail address: (to be used for fun	ire annual report notification)
For further information	concerning this matter, please call	
		at ( )
Name of	Contact Person	Area Code & Daytime Telephone Numbe
Enclosed is a \$35.00 che	ck made payable to the Departme	nt of State.
	Malling 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

CR2E045 (%/05)

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

statement of cl	hange is submitted for a co	rporation organi	?, 607.1508, or 617.1508, Flo zed under the laws of the Stat red agent, or both, in the Stat	e of Dolawaro	-
<del>-</del>	f the corporation: Quaker S				
2. The principa	al office address; CO, INC. TAX 1/3 138 PUR				
3. The mailing	address (if different):		DEPT 1/3 138 PURCHASE N	Y 10577	
4. Date of inco	rporation/qualification:	10/04/99	Document number:	F99000005100	
5. The name an		ent registered ago	ent and registered office on fi	le with the	
	NRAI SERVICES, INC.	<b>_</b>			
	2731 EXECUTIVE PARI	CDRIVE SUITE	Weston FL 33331	DEC 23	
	,				m
6. The name an (if changed):	d street address of the new	registered agent	(if changed) and /or registere	6 <del>4</del> =	C
	C T Corporation System				
•	c/o C T Corporation Syste	m, 1200 South Pin	te Island Road		
	Plantation, Florida 33324	P.O. Box NOT a	cooplable		
The street addr	tss of its registered office the identical.	and the street ad	Idress of the business office	of its registered agent,	,
-			y its board of directors or b		
م)	Camilton,		Jalmie Patti, Vice	President	
, ,		_ <del></del> .	Printed or typest name		
l hereby aboept I further deree of my dulles, an document is bei corporation has	the appointment as regist to comply with the provisi ad I am familiar with and ing filed merely to reflect to been notified in writing t	tered agent and those of all statute accept the oblige a change in the tof this change.	agree to act in this capacity es relative to the proper and stion of my position as regis registered office address, I h	complete performance tered agent. Or, if this tereby confirm that the	6 5 ;
By: Polyecca Four			12/22/2009		
Rebecca Bar	name of Registered Agent th, Assistant Secrets half of an entity:	ary ·	Dife		
n <sub>2</sub>	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, Tallahasseb, FL 32314
CR26045 (MOS)