F9900006018

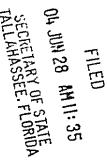
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RA-Chg. 18 1/1



6/23/2004

To Whom It May Concern:

Please file the enclosed change of agent form 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 x 118.

Sincerely,

Trací Smíth Corporate Services

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COLLECTOR WELLS INTERNATIONAL, INC.
(Name of corporation)
DOCUMENT NUMBER: F99000006018
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:
Travis Pinkstaff
(Name of person)
NSI (Name of firm/company)
(1. mile of mile company)
145 Baker Street
(Address)
Marion, OH 43302
(City/state and zip code)
For further information concerning this matter, please call:
Travis Pinkstaff at (740) 387 6806 ext. 113 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone namber)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street
F.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399

. 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, a change is submitted for a corporation organized under the laws of the .	State of OH in order		
to change its registered office or registered agent, or both, in the State	of Florida.		
1. The name of the corporation: COLLECTOR WELLS INTERNAT	TONAL, INC. 全点 气		
2. The principal office address: 6360 HUNTLEY RD.□COLUMBUS	OH 43229		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 11/19/1999 Docume	ant number: F99000006018		
5. The name and street address of the current registered agent and regis Florida Department of State:	tered office on file with the		
C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD	1200 SOUTH PINE ISLAND ROAD		
PLANTATION FL 33324			
6. The name and street address of the new registered agent (if changed) (if changed):	and /or registered office		
NRAI Services, Inc.	To the second se		
526 E. Park Avenue			
(P.O. Box or personal mailbox NOT accept	ntable)		
Tallahassee, FL 32301			
The street address of its registered office and the street address of the changed will be identical.	e business office of its registered agent, as		
Such change was authorized by resolution duly adopted by its board the board, or the corporation has been notified in writing of the chan	of directors or by an officer so authorized by ge.		
	Andrew J. SmithP.E. Sec/Treas		
I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to duties, and I am familiar with and accept the obligation of my positive in filed merely to reflect a change in the registered office address been notified in writing of this change. NRAI Services, Inc. (Signature of Registered Agent)	(Printed or typed name and title) t in this capacity, to the proper and complete performance of my on as registered agent. Or, if this document is s, I hereby confirm that the corporation has (Date)		
If signing on behalf of an entity:			
Travis Pinkstaff As (Typed or Printed Name)	sistant Secretary (Capacity)		

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