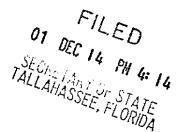
CORPDIRECT AGELTS, IVC. Cormerly CC(S)
103 N. MERIDIAN STREET, I DWER LEVIL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET ACCT. #FCA-14



CONTACT:	CINDY HICKS
DATE:	12-13-01
REF.#:	0438.3802
CORP. NAME:	Carolina Lubes Inc Charge
( ) ARTICLES OF INCO	RPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFIC	CATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY
( ) REINSTATEMENT	( ) MERGER ( ) WITHDRAWAL =
( ) CERTIFICATE OF C	ANCELLATION () UCC-1 () UCC-3
(√) OTHER:	Change of Registered agent 500 8
	COST LIMIT: \$
PLEASE RETUI	RN:
( ) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY
( ) CERTIFICATE O	F STATUS
Examiner's Initials	12/14/01

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

			0502, 607.1508, or 617.1 of the State of <b>Florid</b>	
	lowing statement in		registered office or regist	
<del>-</del>	f the corporation:	Carolina L	ubes, Inc.	· —- ·
2. The mailing	address of the corpo	ration:		-
3. Date of inco	orporation/qualificati	on: 10/22/85	Document number	er: <u>H8185</u> 4
4. The name an	nd address of the curr	ent registered agent	and office:	
	CT Corpora	tion System		TASE S
		Pine Island	Road	ES B T
	Plantation	, FL 33324		ASS IF
5. The name an	nd address of the new	registered agent (if (P. O. Box Not A	changed) and/or registered	d office (if changed):
	National C	orporate Rese	arch, Ltd., Inc.	ORATI
	14	06 Hays Street, S	Suite #2	<b>D</b> ''' <b>F</b>
	Tal	llahassee, Florida	32301	
The street addr	ress of its registered ged, will be identical	office and the street	address of the business of	ffice of its registered
Such change wanthorized by t	as aûthorized by res he board.	olution duly adopted	d by its board of directors	or by an officer so
1/1		<u></u>	12	(Date)
	of an officer, chairman or Stanford, Vi		•	(Date)
	(Printed or typed na			
Having been no corporation, I l I fürther agree performance oj registered ager	amed as registered a hereby accept the ap to comply with the p f my duties, and I an	gent and to accept s	service of process for the ered agent and agree to a utes relative to the prope accept the obligation of n	ict in this capacity. r and complete iy position as
	/ <del></del>		12-11	-01
(	Signature of Registered Ag	(ent)	/2-//· (Date)	
f signing on beha	lf of an entity:			-
	Orrissey Typed or Printed Name)		Assistant Vice (Capacity)	President_
	,	* * FILING FEE:		