

551792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242598131

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN -7 PM 12:46

RECEIVED
DEPARTMENT OF STATE
13 JAN -7 AM 10:57

RA/RU/CHS
(10, 1/7/13

CSC
1201 Hays Street
Tallahassee, FL 32301
(800) 927-9800

ACCOUNT NO. : I20000000195

REFERENCE : 486554 8530A

AUTHORIZATION :

COST LIMIT : \$ 35



ORDER DATE : January 7, 2013

ORDER TIME : 9:52 AM

ORDER NO. : 486554-005

CUSTOMER NO: 8530A

CHANGE OF AGENT

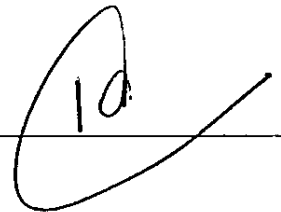
NAME: ONICON INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONICON INCORPORATED

Name of Corporation

DOCUMENT NUMBER: J51792

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:

Andee Althoff

Name of Contact Person

Harbour Group

Firm/Company

7701 Forsyth Blvd., Ste. 600

Address

St. Louis, MO 63105

City/State and Zip Code

aalthoff@harbourgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andee Althoff

Name of Contact Person

at (314) 889-0886

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ONICON INCORPORATED
2. The principal office address: 1500 North Belcher Road
Clearwater, FL 33765
3. The mailing address (if different): 7701 Forsyth Blvd., Ste. 600
St. Louis, MO 63105
4. Date of incorporation/qualification: 01/14/1987 Document number: J51792
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)

Marvin J. Feldman

1500 North Belcher Road

Clearwater, FL 33765

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

Corporation Service Company


1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

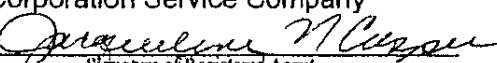
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael P. Santoni, Treasurer

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.

Corporation Service Company
By: 
Signature of Registered Agent

1/17/13
Date

If signing on behalf of an entity:

Jacqueline K. Casper, Assistant VP

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN -7 PM 12:46