

L03549

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Integrated Distribution Services, Inc.  
(Name of corporation)

DOCUMENT NUMBER: L 03549

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:

Tracy E. A. Adams  
(Name of person)

Integrated Distribution Services, Inc.  
(Name of firm/company)

9001 MARLIN STREET  
(Address)

CAPE CANAVERAL, FL. 32920  
(City/state and zip code)

For further information concerning this matter, please call:

Tracy E. A. Adams at (321) 799-9100  
(Name of 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  
409 E. Gaines Street  
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, 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: Integrated Distribution Services, Inc.  
2. The principal office address: 9001 MARLIN STREET  
CAPE CANAVERAL, FL. 32920  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 19, 1989 Document number: L03549  
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

DAVID T. ADAMS  
9001 MARLIN STREET  
CAPE CANAVERAL, FL. 32920

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):  
TRACY E. A. ADAMS  
9001 MARLIN STREET  
(P.O. Box or personal mailbox NOT acceptable)  
CAPE CANAVERAL, FL. 32920

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DEPARTMENT OF STATE

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.

David T. Adams  
(Signature of an officer, chairman or vice chairman of the board)

DAVID T. ADAMS - 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.*

Tracy E. A. Adams  
(Signature of Registered Agent)

05/09/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314