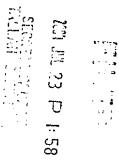
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### **US CorpWorks Inc.**

1638 Pennsylvania St., Denver, CO 80203 p. 303.393.8800 f. 303.393.8900 t: 888.967.5799 www.uscorpworks.com

July 16, 2004

#### Via US Mail

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

Re: Cust-O-Fab Companies, LLC
Cust-O-Fab Tank Services L.L.C.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

#### Change of Registered Agent

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Jillapaugh

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: The Cust-O-Fab Companies LLC 2. The mailing address of the limited liability company is: 1900 North 161st East Avenue, Tulsa, OK 74116-4829 M02000001837 July 15, 2002 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 526 E. Park Avenue Florida street address (P.O. Box NOT acceptable) FL 32301 Tallahassee City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Richard Shimer, Member (Printed or typed name of signee) 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services, Inc.

**FILING FEE: \$25.00** 

Michael Mirrione, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Signature of Registered Agent)

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July 15, 2002	M02000001837					
3. Date of filing/registration	n in Florida		4. Document num	ıber		
5. The name of the register Florida Department of S	ed agent and the retate:	egistered office a	ddress as shown o	n the record	ls of the	3
-	CT Corporation Sys	tem				
•		Name				
_	1200 South Pine Isla	and Road				
•		Address				
-	Plantation, FL 3332			<u> </u>	2	
	Ci	ity, State and Zip	)	-5		r.c - r-y
6. The name and address of	the new registered	d agent and/or of	ffice:			- 4 - 4 - 4 - 4 - 4 - 4
1	NRAI Services, Inc.			74:0 10:54	23	
5	26 E. Park Avenue Florida street add	Name ress (P.O. Box N	OT acceptable)	( )   w <sub>1</sub>	₽ : 5{	era e
ד	Tallahassee	FL 32301			<b>®</b>	
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If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	ange or changes are the registered agent by confirmed that liability company the limited liability	e made, the Florit will be identica the change(s) was or as otherwise processing company.	da street address o	of the registe	ered off Limited	
Richard Shimer, Member (Printed or typed name of signee)						
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to NRAI Services, Inc.  (Signature of Registered Agent) Michael Mirrione, Assistant S  Division					ther ag of my di vided fo ered of his chä	ree to uties, or in fice nge.

**FILING FEE: \$25.00**