## M0300000521

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| <u> </u>                                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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Office Use Only

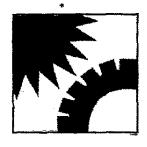


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SECRETARY OF SIAM

B404



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

April 21, 2004

## Via US Mail

Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

Re: Linde BOC Process Plants, LLC

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,

Sabiina Julapaugl Sabrina Tillapaugh

## 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:   | Linde BOC Process Plants LLC   |
|--|--|
| 2. The mailing address of the limited liability co   |  |
| 8506 East 61st Street, Tulsa, OK 74133   |  |
| February 6, 2003   | M03000000527   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. The name of the registered agent and the regis Florida Department of State:   | tered office address as shown on the records of the  |
| CT Corporation System  |  |
|  | Name   |
| 1200 South Pine Island   | Road   |
|  | Address  |
| Plantation, FL 33324   |  |
|  | State and Zip  |
| 6. The name and address of the new registered ag   | gent and/or office:  |
| NRAI Services, Inc.  | LL APR   |
|  | Name ASF 27  |
| 526 E. Park Avenue   | SS R   |
| Florida street address   | s (P.O. Box NOT acceptable)  FL 32301  |
| Tallahassee  | FL 32301 SE  |
| City, S  | State and Zip  |
| confirmed that after the change or changes are mand the business office of the registered agent will iability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or authorized representative of a member of authorized representative of a member of a | er)  |
| Juergen K. Fuchs, VP of Fin. & Admin. and Manager<br>(Printed or typed name of signee)   |  |
| (Signature of Registered Agent)  | gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change. |
| Michael Mirrione. Asst. Secretary Division of Corporations, P.   | O. Box 6327, Tallahassee, FL 32314   |

**FILING FEE: \$25.00** 

INHS18(10/99)