

M030000000521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

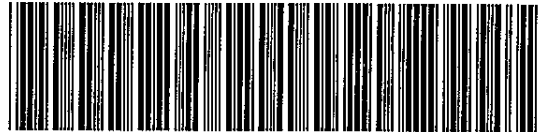
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



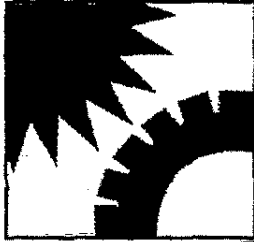
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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

APPROVED  
AND  
FILED

5404



**US CorpWorks Inc.**

1638 Pennsylvania St., Denver, CO 80203

p. 303.393.8800 f. 303.393.8900 t: 888.967.5799

[www.uscorpworks.com](http://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,

Sabrina Tillapaugh

AMU  
FILED  
04 APR 27 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 company is : \_\_\_\_\_  
8506 East 61st Street, Tulsa, OK 74133

February 6, 2003  
3. Date of filing/registration in Florida

M0300000527  
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:

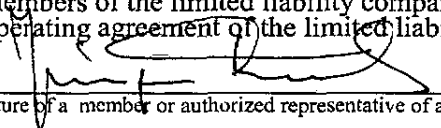
CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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)  
Tallahassee FL 32301  
City, State and Zip

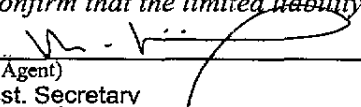
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TALLAHASSEE, FLORIDA

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)

Juergen K. Fuchs, VP of Fin. & Admin. and Manager  
(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.

  
\_\_\_\_\_  
(Signature of Registered Agent)  
Michael Mirrione, Asst. Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**