M040000578

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	(Requestor's Name)			
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(Address)				
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. N	ame of the limited liability company: SCHLAGE LO	OCK COM	MPA	PANY LLC
2. (a)	11819 N Pennsylvania Street		(b)	PO Box 4265
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Carmel, IN 46032			Carmel, IN 46082
	02/12/2004		N	M0400000578
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)				
, ,	Registered Agent and Registered Office shown on the records C T CORPORATION SYSTEM	of the Flori	da I	a Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION F	 FL 33324		7075 J. 1. 2
				
(b)	Enter name of NEW Registered Agent and/or NEW Register	-		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddr	• -
	Corporation Service Company			.; <u>~</u>
	NEW Registered Office Address;			
	1201 Hays Street			
	Tallahassee F	L_32301		
	F	L		
hange gent w as/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e register liability c of the lir e limited	red omp nite liab	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
Signate	ure of a flymber of authorized representative of a member	Jef —	frey	ey N. Braun, Senior Vice President
				Printed or typed name of signee
ie oblij ie oblij inere.	y actept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change.	ree to ac 2 perform 2d for in 6 hereby c	t in lanc Cha lonf.	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filea njirm that the limited liability company has been
lanus-	Droce Z-Kubl			
Grace	e of Registered Agent E. Kirby, Asst. Vice President			
	Division of Corporations • P.O.	Box 632	7 • '	• Tallahassee, FL 32314

FILING FEE: \$25.00