

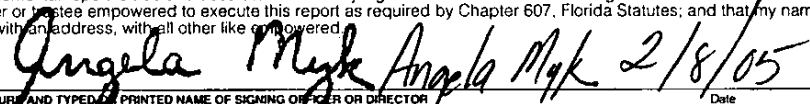


**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90047 048 \*\*\*150.00

<b>DOCUMENT # P00000075324</b>				<b>Secretary of State</b>	
1. Entity Name <b>DRESSER ACQUISITION COMPANY</b>				02-18-2005 90047 048 ***150.00	
Principal Place of Business <b>800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134</b>		Mailing Address <b>800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134</b>		<div>40019853</div> 	
2. Principal Place of Business		3. Mailing Address		02072005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1036478</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANFELTER, AUSTIN		NAME		
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CANALES, CRISTINA		NAME	Secretary	
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS	J. Marc Lewis	
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP	800 Douglas Rd - Penthouse	
TITLE	EVT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	
NAME	WEINSTEIN, DONALD P		NAME	C. Robert Campbell	
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS	800 Douglas Rd - Penthouse	
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAS, JOSE R		NAME		
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYK, ANGELA		NAME		
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.					
SIGNATURE: 		2/8/05		305-406-1846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	