

POO 744

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
ROBERT W. BAIRD & CO. INCORPORATED

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TO SECRETARY OF STATE
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Electronic Filing Menu

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8-22-12

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of WI in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ROBERT W. BAIRD & CO. INCORPORATED
2. The principal office address: 777 EAST WISCONSIN AVENUE, MILWAUKEE WI 53202
3. The mailing address (if different):
4. Date of incorporation/qualification: 01-11-12 Document number: P00744
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

NRAI Services, Inc.
515 E. PARK AVENUE
TALLAHASSEE FL 32301

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Dawn M. DeLisa, Assistant Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

08-22-12
Date

If signing on behalf of an entity:

Carina L. Durlap
Asst. Vice President
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314