Fax Server
Division of Corporations

Fax Server

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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 2009 OCT 29 AM 9: 29
SECRETARY OF STATE
ALLASSEE FI ORIDA

109 &CT 29 AM 8: 06 ECRETARY OF STATE LLAHASSEE. FLORING

REGISTERED AGENT CHANGE

LASALLE BRISTOL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

	•	.0502, 607.1508, or 617.1508, Florida State ganized under the laws of the State of <u>Indi</u>	
		gistered agent, or both, in the State of Flori	
1. The name of	the corporation: LASALLE BRISTOL	CORPORATION	
2. The principal	office address: 601 C.R. 17, Elkhart,	IN 46516	
3. The mailing a	ddress (if different): PO Box 98, Elki	hart, IN 46515	
4. Date of incorp	poration/qualification: 02/22/1984	Document number: P00989	
5. The name and		ed agent and registered office on file with the	_
	CT Corporation System		A:2 5
	1200 S. Pine Island Road		2009 OCT 29 SECRETAR
	Plantation, FL 33324		29 ARY SSE
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	E. FLOR
	Corporation Service Company		29 Rife Rife Rife
	1201 Hays Street		145
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution duly ado	pted by its board of directors or by an offi notified in writing of the change.	icer so
1 Lace	Men Cull	Maureen Cullen, Attorney in Fact (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bed corporation has	the appointment as registered agen to comply with the provisions of all . d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this char Service Company	t and agree to act in this capacity. statutes relative to the proper and comple obligation of my position as registered ag n the registered office address, I hereby of nge.	te performance ent. Or, if this onfirm that the
By:	Service Company	October 15, 2009	
7 (Sig	mulic of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	vson, Asst. Vice President		
(1	yped 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
CR2E045 (8/05)