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SECRETARY OF STATE
TALLAHASSEE, FLORID



AORPORATION SERVICE COM
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ACCOUNT NO. : 12000000195

REFERENCE : 053602

5360**2 /**786325

AUTHORIZATION :

COST LIMIT : \$ 35.00

\_\_\_\_\_\_

ORDER DATE: January 9, 2012

ORDER TIME : 10:06 AM

ORDER NO. : 053602-046

CUSTOMER NO: 7863258

## CHANGE OF AGENT

NAME: UNIVAR USA INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi	zed under the laws of the State of	Washington
	er to change its registered office or register	red agent, or both, in the State of	Florida.
1. The name of	the corporation: UNIVAR USA INC.		
2. The principal	office address: 17425 NE Union Hill R	Rd., Redmond, WA 98052 US	
·	<u></u>		<u> </u>
3. The mailing a	address (if different): PO Box 34325, Sec	attle, WA 98124-1325 US	
4. Date of incorp	poration/qualification: 10/20/1986	Document number: P11844	1
	I street address of the current registered ag tment of State:	ent and registered office on file w	rith the
	C T Corporation System		
	1200 South Pine Island Road		* = E
	Plantation, FL 33324 US		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered of	TALLAHASSEE FLORID
	Corporation Service Company		_ 464
	1201 Hays Street		RIO 53
	(P.O. Box NOT acceptable)		_ **
	Tallahassee, FL 32301		<del></del>
The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of	its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been not		
	cereathell	Maureen Cathell, Vice Presi	
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and agree to act in this capacity, tes relative to the proper and cogation of my position as registere registered office address, I here	•
By: S	on Service Company	01/06/2012	
	fature of Negistered Agent)	(Date)	
If signing on be	half of an entity:		
	et, Asst. Vice President	e.	
,	* * * FILING FEI	E: \$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)