P14040

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WISTON CERROPATAN

AHR 6/6/03



ACCOUNT NO. : 072100000032

REFERENCE :

081746

7377689

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: May 5, 2003

ORDER TIME : 12:50 PM

ORDER NO. : 081746-220

CUSTOMER NO: 7377689

CUSTOMER: Ms. Kathryn Bernard

Compass Cs, Inc.

Suite 300

435 Elm Street

Cincinnati, OH 45202

CHANGE OF AGENT

NAME: KILGORE GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi

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
South Carolina in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: KILGORE GROUP, INC.
2. The principal office address: 4700 Forest Drive, Suite 202
Columbia, SC 29202
3. The mailing address (if different): P.O. Box 8386
Columbia, SC 29202
4. Date of incorporation/qualification: April 15, 1987 Document number: P14 20.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Diana Englehart
4350 West Waters Avenue, Suite 203
Tampa, FL 33614
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 (P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301
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.
Laura R. Dunlap, Attorney in Fact (Signature of an officer, chairman or vice chairman of the board) Laura R. Dunlap, Attorney in Fact (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.
6.5-03
(Signature of Régistered Agent) (Date) (Date)
If signing on behalf of an entity: as its agent
(Typed or Printed Name) (Capacity)

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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