

P19448

June 24, 2002

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: BRECKENRIDGE-REMY CO.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. Also enclosed is our check #4607 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact x153 at 800-345-4647.

Thank you,

Myra Simmons Registered Agent Services

Enclosures

02 JUL -1 MID: 27 NLLAHASSEE, FLORID

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-07/01/02--01051--012

*****35.00 *****35.00

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Return acknowledgment to:



Capitol Corporate Services, Inc. P.O. Box 1831 Austin, TX 78767 800/345-4647

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

	sions of sections 607.0502, 617.050 ration organized under the laws of th		Statutes,	
	statement in order to change its regi		r both, in	•
	poration is: BRECKENRIDG	E-REMY CO.		
2. The mailing address				
4301 US High	vay 1, PO Box 902, Monmout	th Junction, NJ 08852		_
3. Date of incorporation	on/qualification: 5/31/1988	Document number: P19448		
4. The name and addre	ss of the current registered agent and	office:		
	rporation System 3. Pine Island Road	ACL A	O2 JU	وحالحة
******	tion, FL 33324 ss of the new registered agent and of	fice: (P. O. Box Not Acceptable)		
Capitol	Corporate Services, Inc.		0F S	
1333 N	orth Duval St.		10: 27 STATE	
Tallaha	ssee, FL 32303		/	
The street address of i	ts registered office and the street add t be identical.	dress of the business office of its re	gistered	
Such change was authorized by the boar	orized by resolution duly adopted by d. ————————————————————————————————————	its board of directors or by an offi	icer so	
(Signature of an offi	cer, chairman or vice chairman of the board)	5722/2 (Date)	002	
	ASST 501) E S ECRE TARY nted or typed name and title)			
Having been named as corporation, I hereby I fürther agree to com verformance of my du registered agent.	registered agent and to accept servaccept the appointment as registered by with the provisions of all statutes ties, and I am familiar with and acce	tice of process for the above stated I agent and agree to act in this cap is relative to the proper and comple opt the obligation of my position as	pacity. ete	
Dilane	Of Registered Agent)	(0-24-02 (Date)	-	
If signing on behalf of an e	ntity: Case	Asst Sec		
	Printed Name)	(Capacity)	•••	
* * * FILING FEE: \$35.00 * * *				

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