P22544

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ALL AHASSEE, FLORIO

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FILING REQUEST

September 18, 2008

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

WILSON TOOL INTERNATIONAL, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #29826 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Johnson

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

ursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this atement of change is submitted for a corporation organized under the laws of the State of Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: Wilson Tool International, Inc.
The principal office address: 12912 Farnham Avenue, White Bear Lake, MN 55110
The mailing address (if different):
Date of incorporation/qualification: 01/12/1989 Document number: P22544
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324
The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable) Weston, FL 33331
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Rick Renner, Treasurer (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Sue Johnson, Asst. Secretary
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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