

ACCOUNT NO. :

072100000032

REFERENCE :

999246

7165873

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 16, 1998

ORDER TIME :

3:43 PM

ORDER NO. : 999246-035

CUSTOMER NO:

7165873

CUSTOMER:

Ms. Konnie Smith

Opus U.s. Corporation 9900 Bren Road East

Minnetonka, MN

NAME:

OPUS ARCHITECTS & ENGINEERS,

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.	
undersigned corporation organized under the laws of the State of MINNESOTA submits the following statement in order to change its registered office or registered agent, or both, in the	
State of Florida.	
1. The name of the corporation is: OPUS ARCHITECTS &	ENGINEERS, INC.
	·
2. The mailing address of the corporation is: 700 og	ous Center, 9900 Bren Road East,
Minnetonka, MN 55343	· · ·
3. Date of incorporation/qualification: APRIL 17, 199	0 Document number: P28964
4. The name and address of the current registered agen	t and office:
C T CORPORATION SYSTEM	-
1200 SOUTH PINE ISLAND ROAD	SEC
PLANTATION, FL 33324	<u>}</u> 8 .
5. The name and address of the new registered agent ar	nd office: (P. O. BoxNot Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	DA 47
The street address of its registered office and the stre agent, as changed, will be identical.	et address of the business office of its registered
Such change was authorized by resolution duly adop authorized by the board.	ted by its board of directors or by an officer so
Inn MM	October 12, 1998
(Signature of an officer, chairman or vice chairman of the box	
Dennis Neu, Vice President	
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accep corporation, I hereby accept the appointment as regi. I further agree to comply with the provisions of all st performance of my duties, and I am familiar with and registered agent.	stered agent and agree to act in this capacity.
Meerler fr. Culle	
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	••• •••
Maureen W. Cullen	Asst. Vice-President
(Typed or Printed Name)	(Capacity)