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Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

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Fax Number

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REGISTERED AGENT CHANGE

BAIRNCO CORPORATION

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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

statement of char	rovisions of sections 607.0502, 617.0502, nge ts submitted for a corporation organize to change its registered office or registere	<u> </u>	
	e corporation: Bairnee Corporation		
2. The principal of			
**		L 32/46	—
3. The manning ed	aress (a different):		
4. Date of incorpo	oration/qualification: 11/12/91	Document number: F36253	
5. The name and : Florida Depart	street address of the current registered age ment of State: (If rosigued, enter resigned)	nt and registered office on file with the	
	THE PRENTICE-HALL CORPORATION S	YSTEM, INC.	9
-	1201 HAYS STREET SUITE 105 TALLAH	ASSEB FL 32301	09 KK
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or registered office	27 Y
· _	C T Corporation	System	E
	c/o C T Corporation System, 1200	South Pine Island Road	,
_	(P.O. Box NOT soceptable)		
-	Plantation, Florid	a 33324	
		dress of the business office of its registered agent,	
authorized by the	authorized by resolution duly adopted be board, or the corporation has been notifi	y its board of directors or by an officer so led in writing of the change.	
(Signalise	of the or threater)	Mark Eppley, Vice President (Printed or typed name and title)	
I hereby accept th I further agree to of my duties, and document is being corporation has b	e appaintment as registered agent and a comply with the provisions of all statute I am familiar with and accept the obliga I filed merely to reflect a change in the r een notified in writing of this change.	igree to act in this capacity. s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the	
By: Mix F	T Corporation System Megan G. Ware	04/04/2009	
(Signs	fure of Registered Assussant Secretary	(Date)	
If signing on beha	If of an entity:		
CTY	pd or Printed Name)		
(.,,	* * * Filing fee:	\$35.00 * * *	
MAI CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORI LTO: DIVISION OF CORPORATIONS, P.O.	da Department of State Box 6327, Tallahassee, FL 32314	

FL006 - 19/06/2005 C T System Caline