## 2026/a



ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

\$.35.00

ORDER DATE: December 6, 1999

ORDER TIME :

11:02 AM

ORDER NO. : 505382

700003065747--5

CUSTOMER NO:

7186435

CUSTOMER:

Mr. Salvador Elias Gruma Corporation 1159 Cottonwood Lane

Suite 200

Irving, TX 75038

NAME:

MISSION SPECIALTY PRODUCTS,

CHANGE OF AGENT

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

## 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, the undersigned corporation organized under the laws of the State of FLORIDA
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: MISSION SPECIALTY PRODUCTS, INC.
2. The mailing address of the corporation is: 1159 COTTONWOOD LANE - SUITE 200
IRVING, TX 75038
3. Date of incorporation/qualification: APRIL 8, 1993 Document number: F93000026124
4. The name and address of the current registered agent and office:
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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.
(Signature of an officer, Marrian or vice chairman of the board)  [2899]  [Date]
(Date)
ALVADOR ELIAS, SECRETARY (Printed or typed name and title)
laying been named as registered agent and to accept service of process for the above stated
orporation, I 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 erformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
12/9/99
(Signature of Registered Agent) (Date)
signing on behalf of an entity:
AURA R. DUNLAP ASSISTANT VICE PRESIDENT (Typed or Printed Name) (Canacity)
(Typed or Fitned Name) (Capacity)  ***FILING FEE: \$35.00 ***
R2EO45(7/97)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS