

P96000027745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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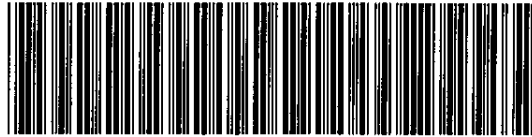
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SHUMAKER
Shumaker, Loop & Kendrick, LLP

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December 4, 2007

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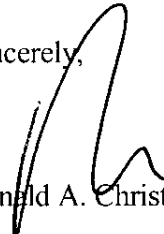
Ms. Irene Albritton
Regulatory Specialist II
Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Letter Number 507A00059157
Alps Silicone Manufacturing, Inc.
Date of Incorporation: March 22, 1996
Document Number P96000027745
Change of Address of Registered Office

Dear Ms. Albritton:

Pursuant to your letter of October 9, 2007 (a copy of which is enclosed for your reference), enclosed please find an amended Statement of Change of Registered Office or Registered Agent or Both for Corporations for Alps Silicone Manufacturing, Inc., which properly reflects the registered office now on file with your office. It is my understanding that you are in possession of our Check Number 81083 in the amount of \$35.00 to cover the filing fee. Thank you for your assistance in this matter.

Sincerely,


Ronald A. Christaldi

RAC/jar
Enclosure

cc: Dr. Aldo A. Laghi



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2007

SHUMAKER, LOOP & KENDRICKS, LLP
BANK OF AMERICA PLAZA - SUITE 2800
101 EAST KENNEDY BOULEVARD
TAMPA, FL 33602

SUBJECT: ALPS SILICONE MANUFACTURING, INC.
Ref. Number: P96000027745

We have received your document for ALPS SILICONE MANUFACTURING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

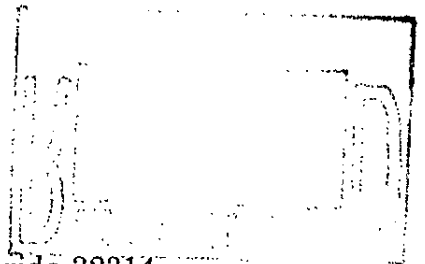
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 507A00059157



**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alps Silicone Manufacturing, Inc.
2. The principal office address: 2895 42nd Avenue, North, St. Petersburg, FL 33714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03-22-1996 Document number: P96000027745

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ronald A. Christaldi
61 East Kennedy Boulevard, Suite 3400
Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ronald A. Christaldi
101 East Kennedy Boulevard, Suite 2800
(P.O. Box NOT acceptable)
Tampa, FL 33602

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, or the corporation has been notified in writing of the change.

(Signature of an officer or director) Aldo A. Laghi
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent) 12/4/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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