## P9700026062

Re	equestor's Name				
	Address	50	200002442622- -02/27/98010610 *****35.00 ******3		
City/State/Zip Phone #		Office Use Only			
CORPORATION	NAME(S) & DOCUM	ENT NUMBER(S), (if k	iown):		
1	poration Name)	(Document #)	<del></del>		
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4. (Corporate of the corporate of the co	Pick up time  Will wait  AMENDMENT:	(Document #)  Certific	ed Copy		
4. (Corp.)  Walk in Mail out  NEW FILINGS  Profit	Pick up time  Will wait  AMENDMENTS  Amendment	(Document #)  Certific	ed Copy		
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4. (Corporate New FILINGS Profit NonProfit Limited Liability	Pick up time  Will wait  AMENDMENT  Amendment  Resignation of R.A., of	(Document #)  Certification Composition  Control Certification  Control Certification  Agent	ed Copy		
4. (Corp.)  Walk in Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication	Pick up time  Will wait  Property AMENDMENT: Amendment Resignation of R.A., Change of Registered Dissolution/Withdray	(Document #)  Certification Composition  Control Certification  Control Certification  Agent	ed Copy		
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	Pick up time  Will wait  Pl  AMENDMENT: Amendment Resignation of R.A., Change of Registered Dissolution/Withdrav Merger	(Document #)  Certification Compared to the co	ed Copy		
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	Pick up time  Will wait  Ph  AMENDMENT: Amendment Resignation of R.A., Change of Registered Dissolution/Withdrav Merger	(Document #)  Certification Control Certification Control Certification	ed Copy		
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	Pick up time  Will wait  AMENDMENT  Amendment  Resignation of R.A.,  Change of Registered  Dissolution/Withdrav  Merger  REGISTRAT	(Document #)  Certification Control Certification Control Certification	ed Copy		
Walk in  Mail out  NEW FILINGS Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report	Pick up time  Will wait  AMENDMENT: Amendment  Resignation of R.A., Change of Registered Dissolution/Withdrav Merger  REGISTRAT  QUALIFICAT Foreign	(Document #)  Certification Control Certification Control Certification	ed Copy		
4. (Corporate Mail out  NEW FILINGS Profit NonProfit Limited Liability	Pick up time  Will wait  AMENDMENT  Amendment  Resignation of R.A.,  Change of Registered  Dissolution/Withdrav  Merger  REGISTRAT	(Document #)  Certification Control Certification Control Certification	ed Copy		

Examiner's Initials

103/2

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

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

undersigned co	e provisions of sections 607. rporation organized under the	e laws of the State of _	Florida	<u> </u>
submits the following State of Florida	lowing statement in order to	change its registered o	office or registered ag	ent, or both, in the
-	the corporation is: <u>United</u>	d Components South,	Inc.	
<del> </del>				
2. The mailing	address of the corporation is	: 3047 Bolt Drive	e, Palm Harbor, FL	34685
3. Date of incor 4. The name and	poration/qualification:Marc d address of the current regis	ch 17, 1997 Do	cument number: P970	000026062
	CSC Networks			
	1201 Hays Stree	et		
	Tallahassee, FI	2 32301-2607	Ë	
5. The name and	d address of the new registere	ed agent and office: (P.	O. Box Not Acceptab	
	Richard W. Ruhl		•	Erica B
	3047 Bolt Drive			F. 25.
	Palm Harbor, FI	34685		विता न
The street addre	ess of its registered office and ed, will be identical.	the street address of th	ne business office of its	s registered
Such change was authorized by the	s authorized by resolution du e board.	ly adopted by its board	of directors or by an	officer so
(Signature of an offi	cer, chairman or vice chairman of the	ne board)	(Date)	
<del></del>	Richard W. Ruhling, P			
Having been nan I hereby accept to comply with the and I am familia	med as registered agent and i the appointment as registered provisions of all statutes rela ir with and accept the obligat	ed or typed name and title) to accept service of prod d agent and agree to ac tive to the proper and tion of my position as r		nted corporation, urther agree to e of my duties,
Kichard	while	4	0/24/98	
(Signature	of Registered Agent)		(Date)	
If signing on bel	nalf of an entity:			
(Typed or )	Printed Name)	·	(Capacity)	
CR2E045(1/95)			EW DVC	TTEE. 626 00

FILING FEE: \$35.00