P98000005866

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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March 02, 2005

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118.

Sincerely,

Traci Smith
Corporate Services Manager

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	JECT: DAP Trucking, Inc. (Name of corpora	tion)
DOCU	UMENT NUMBER: P98000065866	
		10 1 10 10 10
	nclosed Statement of Change of Registered Office/Agent an	•
Please	e return all correspondence concerning this matter to the foll	lowing:
	Traci Smith	
	(Name of person	n)
:	National Service Information, Inc. (Name of firm/comp	pany)
14	45 Baker Street	
	(Address)	
1	Marion, OH 43302	
	(City/state and zip c	code)
For furt	urther information concerning this matter, please call:	
Traci	ni Smith	at (740) 387-6806
	(Name of person)	at (740) 387-6806 (Area code & daytime telephone number)
Enclose	sed is a \$35.00 check made payable to the Department of Sta	ate.
	Mailing Address:	Street Address: Amendment Section
	Amendment Section Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations 409 E. Gaines Street
	P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.15 tted for a corporation organized under the laws o		•
•	gistered office or registered agent, or both, in the S	•	, moraci
1. The name of	he corporation: DAP Trucking, Inc.		
	office address: 120 N. LaSalle Street, Ste 3300), Chicago, IL 60602	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 7/27/1998 Do	cument number: <u>P98000065866</u>	
	street address of the current registered agent and tment of State:	registered office on file with the	OS HAR
	C T Corporation System		<u> </u>
	1200 South Pine Island Road		SSEE. U
	Plantation, FL 33324		FEST ST
6. The name and (if changed):	street address of the new registered agent (if char	ged) and /or registered office	21 ATE DRIDA
	NRAI Services, Inc.		
	2731 Executive Park Drive, Suite 4		
	(P.O. Box or personal mailbox NOT	acceptable)	•
	Weston, FL 33331		
The street addre	ss of its registered office and the street address didentical.	of the business office of its register	red agent, as
Such change wa	s authorized by resolution duly adopted by its be corporation has been notified in writing of the	oard of directors or by an officer s change.	o authorized by
_Walls	y P. Hawley ignature of an officer or director)	(Printed or typed name and the	Hanky
veen nongrea in	the appointment as registered agent and agree to comply with the provisions of all statutes relations fall statutes relations familiar with and accept the obligation of my ply to reflect a change in the registered office additional of this change.	o act in this capacity, ive to the proper and complete per osition as registered agent. Or, if dress, I hereby confirm that the co	formance of my this document is rporation has
NRAI Services,	S.m.H	2/28/05	
Cuan	Signature of Registered Agent)	(Date)	
If signing on bel	nalf of an entity:		
TRACI	Son 1711 (Typed or Printed Name)	ASSISTANT SECRETAL (Capacity)	Zy

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