

ACCOUNT NO. :

072100000032

REFERENCE

101681

4730546

AUTHORIZATION

COST LIMIT

ORDER DATE: April 3, 2001

ORDER TIME : 12:21 PM

ORDER NO. : 101681

600003958916--7

CUSTOMER NO: 4730546

CUSTOMER: Mr. Sam Mostkoff

Penda Corporation

2344 West Wisconsin Street

P.o. Box 449

Portage, WI 53901-0449

## CHANGE OF AGENT

NAME: PENDA GLASSTITE, INC.

DIVISION OF CURPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

## 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 $_{ m Florida}$
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 : PENDA GLASSTITE, INC.
2. The mailing address of the corporation:
2344 W. Wisconsin Street, Portage, WI5390
3. Date of incorporation/qualification: 09/17/99 Document number: P99000082480
4. The name and address of the current registered agent and office:
Maria C. Callejas
2665 South Bayshore Drive, Suite 80
Miami, FL 33133
5. The name and address of the new registered agent (if changed) and/or registered office (Fehanger): 1
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, charman or vice chairman of the board)  (Date)
Saw Mostkoth Vice President  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:    MANUELONIEC   HSST SCERETURY   (Typed of Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314