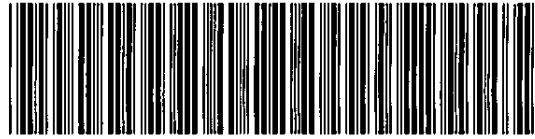


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Bryan Giroux

N. CAUSSEAU

FEB 12 2008

EXAMINER

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PART I

1. Name and business address of nonresident: Bryan Giroux

Central States Fumigation
1908 W. Old HWY 40
Salina KS 67401

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TALLAHASSEE, FLORIDA

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:

_____, FL.

Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent's signature: _____

3. I, Bryan Giroux, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident's signature: Bryan Giroux

PART II

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

Nonresident's signature: Bryan Giroux

Date: February 4, 2008

FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)
\$52.50 - CERTIFIED COPY FEE (REQUIRED)
\$87.50 - TOTAL DUE

(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)

SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.