## F0100004140

| (Re                                     | equestor's Name)   |             |  |  |
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| TION SERVICE COMPANY                            |   |  |  |  |  |
|---|---|--|--|--|--|
| ACCOUNT NO. : 072100000032                      |   |  |  |  |  |
| REFERENCÉ : 978223 4334041                      |   |  |  |  |  |
| AUTHORIZATION: Spelleran                        |   |  |  |  |  |
| COST LIMIT : \$ 35.00                           |   |  |  |  |  |
| ORDER DATE : July 2, 2007                       |   |  |  |  |  |
| ORDER TIME : 8:58 AM                            |   |  |  |  |  |
| ORDER NO. : 978223-035                          |   |  |  |  |  |
| CUSTOMER NO: 4334041                            |   |  |  |  |  |
|   | _ |  |  |  |  |
| CHANGE OF AGENT                                 |   |  |  |  |  |
|   |   |  |  |  |  |
| NAME: NOBLE AMERICAS CORP.                      |   |  |  |  |  |
|   |   |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |   |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY           |   |  |  |  |  |
| CONTACT PERSON: Kathy Drake                     |   |  |  |  |  |
| EXAMINER'S INITIALS:                            |   |  |  |  |  |

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

| statement of cha  | provisions of sections 607.0502, 617.050<br>ange is submitted for a corporation organ<br>er to change its registered office or regist  | nized under the laws of the Sta   | nte of Delaware                 |
|---|--|---|---------------------------------|
| 1. The name of  | the corporation: Noble Americas C  | Corp.   |                                 |
| 2. The principal  | office address: Stamford Harbor I  | Park  |                                 |
| 333 Ludle   | ow Street, Unit 1230, Stamford   | <u>l, CT 06902</u>  |                                 |
| 3. The mailing a  | address (if different):  |   |                                 |
| 4. Date of incorp   | poration/qualification: 08/06/2001   | Document number: _F   | 01000004140                     |
|   | d street address of the current registered a rtment of State:  | igent and registered office on  | file with the                   |
|   | CT Corporation System  | <u></u>   | 7A 200                          |
|   | 1200 South Pine Island Road  |   |                                 |
|   | Plantation, FL 33324   |   | TARRY I                         |
| 6. The name and (if changed):   | d street address of the new registered age   | nt (if changed) and /or register  | red office FLSTATE              |
|   | Corporation Service Company  | <u>y</u>  | 77                              |
|   | 1201 Hays Street   | ····  | <u> </u>                        |
|   | (P.O. Box NOT acceptable   | · · · ·   |                                 |
|   | Tallahassee, FL 32301  |   |                                 |
| The street address changed will   | ess of its registered office and the street<br>be identical.   | address of the business offic   | ce of its registered agent,     |
| Such change was authorized by the   | as authorized by resolution duly adopte<br>he board, or the corporation has been no  | d by its board of directors or otified in writing of the chan                                     | by an officer so<br>ge.         |
| - Setu  | M. Kelletin  | John H. Pelletier, A  | _                               |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is bei<br>corporation ha | the appointment as registered agent ar<br>to comply with the provisions of all sta<br>nd I am familiar with and accept the ob-<br>ing filed merely to reflect a change in the<br>s been notified in writing of this change | tutes relative to the proper a<br>ligation of my position as reg<br>he registered office address. | ity.<br>nd complete performance |
| By:   | tion Service Company   | June 28, 2007   |                                 |
|   | gnature of Registered Agent)   | (Date)  |                                 |
| If signing on be  | ehalf of an entity:  |   |                                 |
| Merryl Wie  | ner  |   |                                 |
| (*  | Typed or Printed Name)   |   |                                 |

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