

## F01000005965

June 24, 2002

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 40006122064--2 -07/01/02-01051--016 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Attn: Co

Corporate Filing Dept.

Re:

BAUGH SUPPLY CHAIN COOPERATIVE, INC.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. Also enclosed is our check#4611 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact x152 at 800-345-4647.

Thank you,

MS

Myra Simmons Registered Agent Services Enclosures KOJ MILION SOLOSONOS SOLOS

Return acknowledgment to:



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

	r provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, d corporation organized under the laws of the State of ${\sf Delaware}$
	owing statement in order to change its registered office or registered agent, or both, in
•	the corporation is: BAUGH SUPPLY CHAIN COOPERATIVE, INC.
_	address of the corporation is:
c/o Legal	Department, 1390 Enclave Parkway, Houston, TX 77077
3. Date of incor	rporation/qualification: 11/16/2001 Document number: F01000005965
4. The name and	d address of the current registered agent and office:
	Corporation Service Company 201 Hays Street 201
5. The name and	Tallahassee, FL 32301-2525 d address of the new registered agent and office: (P. O. Box Not Acceptable) Capitol Corporate Services, Inc.
- -	1333 North Duval St.
- The street addre agent, as change	Tallahassee, FL 32303  ess of its registered office and the street address of the business office of its registered ed, will be identical.
authorized/by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board.  2727/2027  of an officer, chairman or vice chairman of the board)  ASST  ASST
Having been na corporation, I h	(Printed or typed name and title)  med as registered agent and to accept service of process for the above stated sereby accept the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as
performance of registered agent	"· · · · ·
(S:	ignature of Registered Agent) (Date)
f signing on behalf Delar	f of an entity:  NIC Case  ASST - Sec.  (Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(7/97)