## 28634

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## **FILING REQUEST**

June 27, 2005

## FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

NORTH AMERICAN SALT COMPANY

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #19575 FOR \$35.00

Return Via:

**REGUALR MAIL** 

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

		02, 607.1508, or 617.1508, Florida Statutes, this st	tatement of
change is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or both, in the State of Florida.			in order
io onange na re	gains ea office of regime) ea agent, or voi	n, in the state of Prortace.	
1. The name of	the corporation: North American Salt	Company	
2. The principal	office address: 9900 West 109th Street	et, Suite 600, Overland Park, KS 66210	<del></del>
3 The mailing	address (if different):		
	addiess (ii differenty.	75-12	
4. Date of incor	poration/qualification: 3/27/1990	Document number: P28634	
	d street address of the current registered a rtment of State:	agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		<b>.</b>
	Plantation, FL 33324		OS IVISI SEC
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	ON OF C
	NRAI Services, Inc.		<b>3</b> 0000
	2731 Executive Park Drive, Suite	4	S TAT
		mailbox NOT acceptable)	<b>∞</b>
	Weston, FL 33331		Č.
The street addrection changed will be	ess of its registered office and the street eidentical.	address of the business office of its registered a	gent, as
Such change wathe board, or the	as authorized by resolution duly adopte e corporation has been notified in writin	d by its board of directors or by an officer so aut ng of the change.	horized by
B.	Signature of on orticer or director)	Bill Zornes, Secretary (Printed or typed name and little)	<del></del>
NRAI Services	the appointment as registered agent and to comply with the provisions of all state of fact the obligation of the registered a writing of this change.  In the complete the change of the registered of the complete of the change.  In the complete the change of this change.	nd agree to act in this capacity, tutes relative to the proper and complete perform n of my position as registered agent. Or, if this coffice address, I hereby confirm that the corpora	nance of my document is ution has
by:	(Signature of Registered Agent)		
If signing on be	chalf of an entity:	•	
Jackie Sormar		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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