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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

(850) 222-1092

Fax Number

(850)878-5358

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.\*\*

Email Address:

REGISTERED AGENT CHANGE MECS, INC.

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4/29/2011

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT:	MECS, Inc.
	Name of Corporation
DOCUMENT NUMBER:	824029
The enclosed Statement of Change of Regi	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
<u> Ioriam Iea</u>	Name of Contact Person
E. I III FONT DE I	NEMOLES AND COMPANY Firm/Company
_1007 Market _St1	10 3039 Wilmington, DE 19898 Address
	City/State and Zip Code
LORIAN	IN.LEAQUSA.DUPONT.COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this mat	tter, please call:
Name of Contact Person	at ( ) Area Code & Daynine Telephone Number
Enclosed is a \$35.00 check made payable to	• •
Mailing Address: Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	orations Division of Corporations Cliffon Building

CR2E045 (8/05)

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

statement of ci	ionge is submitted for a co	rporation organi	, 607.1508, or 617.1508, Floria ced under the laws of the State ( red agent, or both, in the State (	of Delaware
. —	f the corporation: MECS, In			
2. The principa	il office address: t Street, D13039; Wilmingto			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification:	1/27/1970	Document munber:	824029
5. The name an Florida Depa	d street address of the curr artment of State: (If resigne	ent registered age d, enter resigned	ent and registered office on file )	with the
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS STREET TA	LLAHASSEB FL	32301-2525	<del></del>
6. The name an (if changed):		registered agent	(if changed) and /or registered (	11 APR 29
	c/o C T Corporation Syste	m, 1200 South Pin		29
	Plantation, Florida 33324			_ =
The street addr	ess of its registered office be identical.	and the street ac	ldress of the business office of	f its registered agent,
Such change we authorized by the	as authorized by resolution be board, or the corporation	n duly adopted b on has been notif	y its board of directors or by a nod in writing of the change.	an officer so
Z AST DO	to di en prince, m queccos	<del></del>	Loriang Lea Assut	not Secretary
CT.	the appointment as registo comply with the provision of amignitude with and manifeld merely to reflect been notified in writing Corporation Bysiam	tered agent and tons of all statute accept the obliga a change in the rolf this change.	agree to act in this capacity, as relative to the proper and contion of my position as register egistered office address, I have been seen a large to the proper and the property of the prope	mplete performance red agent. Or, if this eny confirm that the
If signing on be	half of an entity:	N-ASST	SECX	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (8/05)