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ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: September 12, 2006 ORDER TIME : 10:23 AM ORDER NO. : 399405-005 CUSTOMER NO: 7136747 CHANGE OF AGENT NAME: LIFELINE SYSTEMS COMPANY PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX _ PLAIN STAMPED COPY CONTACT PERSON: Pamela A Washington

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a trust organi	7, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Massachusetts	_
	er to change its registered office or register	· ·	
1. The name of	the corporation: Lifeline Systems Company		
2. The principal	office address: 111 Lawrence Street, Fram	ingham, MA 01702	
3. The mailing a	address (if different): 1251 Avenue of the A	mericas, 20th floor, Attn: Tax Dept. New York, NY	10020
4. Date of incorp	poration/qualification: 11/14/2005	Document number: D05000000024	2006
	d street address of the current registered ag rtment of State:	ent and registered office on file with the	2006 SEP 14
	C T Corporation System		* ~
	1200 South Pine Island Road		7
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addreas changed will	ess of its registered office and the street a l be identical.	ddress of the business office of its registered ag	ent,
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the trust has been not	by its board of directors or by an officer so ified in writing of the change.	
	Wasan	Warren T. Oates, Jr., Secretary	
(Signati	ure of an officer or director)	(Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei trust has	the appointment as registered agent and to comply with the provisions of all statund I am familiar with and accept the obliging filed merely to reflect a change in the sbeen notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perform gation of my position as registered agent. Or, is registered office address, I hereby confirm tha	ance f this t the
By:	Service Company (r	9/106	
or · (Si	ignature of Registered Agent)	/ (Date)	
	chalf of an entity:		
	. PELLETIER		
ASST. (VACEOFRIEDENT		

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