F0200005878

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
,						
Cassial (naturations to Filing Office)						
Special Instructions to Filing Officer:						

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SECRETARY OF STATE TALLAHASSEE, FLORE

RA. Charge C.COULLIETTE

JUL 09 2009

EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 7/2/2009 **FLORIDA**

REP UNIT:

THERMO LABSYSTEMS INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #16560 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 call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Capitol Corporate Services, Inc.

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	THERMO LABSYSTEMS INC. (Name of Corporation)						
DOCUMENT N	UMBER: F02000005878						
The enclosed Stat	tement of Change of Registered Office	Agent and fee are submitted for filing.					
Please return all o	correspondence concerning this matter	to the following:					
	Myra H	omer					
	(Name of Con	tact Person)					
	Capitol Corporate (Firm/Co	e Services, Inc.					
	800 Brazos, Suite 400 (Address)						
	Austin, Texa (City/State an	as 78701 d Zip Code)					
For further inform	nation concerning this matter, please c	all:					
<u>(N</u>	Myra Homer Name of Contact Person)	at (<u>800</u>) <u>345-4647</u> (Area Code & Daytime Telephone Number)					
Enclosed is a \$35	.00 check made payable to the Depart	ment of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MASSACHUSETTS in order to change its registered office or registered agent, or both, in the State of Florida.						
1. The name of	the corporation: THE	ERMO LABS	YSTEMS	INC.		
2. The principal office address: 1601 CHERRY STREET, SUITE 1200, PHILADELPHIA, PA 19102						
3. The mailing a	address (if different): 81 WYMAN STREE	T, WALTHAM,	MA 02454			
4. Date of incor	poration/qualification: 11/25/2002	Document nur	mber: <u>F0200</u>	0005878		
	d street address of the current registered age rtment of State:	ent and registered of	office on file	with the		
	CT CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD			O9. JAEC		
	PLANTATION FL 33324			ARE TO THE		
6. The name and (if changed):	d street address of the new registered agent Capitol Corporate Services, Inc.	(if changed) and /	or registered o	-6 PH 2:0		
	155 Office Plaza Drive, Suite A (P.O. Box NOT acceptable)			TE A		
	Tallahassee	Florida	32301			
The street addr	ress of its registered office and the street a I be identical.	ddress of the busi	ness office of	f its registered agent,		
Such change wauthorized by t	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of di ified in writing of	rectors or by the change.	an officer so		
My Jignat	ture of an officer of director)	Myra Homer, A				
I hereby accept further agree of my duties, and document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the oblig sing filed merely to reflect a change in the is been notified in writing of this change.	agree to act in the tes relative to the gation of my positi registered office	nis capacity, proper and c ion as registe address, I he	complete performance cred agent. Or, if this reby confirm that the		
Cays	Le Windle ignature of Registered Agent)	July	2, 200 (Date)	<u>99 </u>		
16 -11 - 1	.1166					

If signing on behalf of an entity:

Gayle Windle Asst. Secretary on Behalf of Capitol Corporate Services, Inc. (Typed or Printed Name)

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

SPECIAL POWER OF ATTORNEY

Seth Hoogasian, a duly authorized officer and/or director of the entities listed on Exhibit A hereto (the "Entities") does hereby make, constitute, and appoint Capitol Services, Inc., Capitol Corporate Services, Inc. and Capitol Document Services, Inc. and each duly authorized representative of such entities, including without limitation Ms. Myra Homer and Ms. Delanie Case, as his true and lawful attorneys-in-fact with full right, power and authority for him, as an authorized officer or manager of the Entities, in his name, place and stead to prepare, execute, acknowledge, and file or to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by the Entities or on their behalf with any state agency in order to effectuate a change in the Entities' registered agent to Capitol Services, Inc., Capitol Corporate Services, Inc. or Capitol Document Services, Inc., as applicable.

GIVING AND GRANTING to said attorneys-in-fact full power and authority to do and perform every act necessary or appropriate to be done in the exercise of the foregoing power as fully as Seth Hoogasian, a duly authorized officer or director of the Entities, could do if personally present and acting, with full power of substitution and resubstitution, hereby ratifying, confirming, and approving all that said attorneys-in-fact shall lawfully do or cause to be done by virtue hereof.

This Special Power of Attorney shall be effective as of the date set forth below and shall continue in effect until revoked by Seth Hoogasian by written notice to said attorneys-in-fact.

IN WITNESS WHEREOF, Seth Hoogasian has set his hand this $\frac{4l}{4l}$ day of June, 2009.

Seth Hoogasian

Director or President