F05000004019

(Requestor's Name)						
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
,						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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SECRETARY OF STAT

R-A. Charge C.COULLIETTE JULO 9 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:

SYSTEMS MANUFACTURING

CORPORATION

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 #16554 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.



COVER LETTER

Amendment Section Division of Corporations

➣ TO:

SUBJECT: SYSTEMS MANUFACTURING CORPORATION							
	(Name of Corp	oration)					
DOCUMENT	NUMBER: F05000004019						
The enclosed Se	tatement of Change of Registered Office/A	gent and fee are submitted for filing.					
Please return al	l correspondence concerning this matter to	the following:					
	Myra Hor	mer					
	(Name of Contact	ct Person)					
	Capitol Corporate Services, Inc. (Firm/Company)						
	(1 mi) Comp	oany)					
	800 Brazos, Suite 400						
	(Addres	s)					
	Austin, Texas (City/State and 2	78701 Zip Code)					
For further info	rmation concerning this matter, please call	:					
	Myra Homer (Name of Contact Person)	at (<u>800</u>) <u>345-4647</u> (Area Code & Daytime Telephone Number)					
Enclosed is a \$3	35.00 check made payable to the Departme	ent of State.					
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	provisions of sections 60 inge is submitted for a co er to change its registere	orporation organiz	ed under the laws	of the State o	of DELAWARE
1. The name of	the corporation:	SYSTEMS N	MANUFACTU	IRING CO	ORPORATION
2. The principal	office address: 26 POV	VERS ROAD, CO	ONKLIN, NY 13	728	
3. The mailing a	address (if different): 200	00 PARK LANE,	PITTSBURGH,	PA 15275	
4. Date of incor	poration/qualification: 7	7/13/2005	Document nu	mber: <u>F050</u>	00004019
	d street address of the curtment of State:	rrent registered ag	ent and registered	office on file	with the
	CT CORPORATION	SYSTEM			
	1200 SOUTH PINE	ISLAND ROAD			TAE
	PLANTATION FL 3	3324			JUL CRET
6. The name an (if changed):	d street address of the ne	w registered agent	(if changed) and /	or registered	ASSET OF
	Capitol Corporate S	ervices, Inc.			
	155 Office Plaza Dri	ve, Suite A D. Box NOT acceptable)			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Tallahassee		Florida	32301	
The street addr	ess of its registered offi l be identical.	ce and the street a	ddress of the bus	iness office o	of its registered agent,
-	ras authorized by resoluthe board, or the corpora				
Mcx	ha Homey		Myra Homer, A		
I hereby accep I further agree of my duties, as document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle is been notified in writin	gistered agent and visions of all statu ad accept the oblig ct a change in the ag of this change.	l agree to act in the tes relative to the gation of my posit registered office	his capacity. proper and tion as regist address, I ho	complete performance tered agent. Or, if this ereby confirm that the
Chayl	Le Windle	2	July	, 2, 20	9 01
/(S If signing on b	ehalf of an entity:		. ,	(Date)	

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 $\frac{4l}{4}$ day of June, 2009.

Seth Hoogasian

Director or President