Division of Corporations Electronic Filing Cover Sheet

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(((H100000609213)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

P41	Addrage:			

REGISTERED AGENT CHANGE ELECTRO SCIENTIFIC INDUSTRIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

Amendment Section Division of Curporations

TO:

SUBJECT:	ELECTRO SCIENTIFIC	INDUSTRIES	, INC,		
Jebjec 1:	Name of	Corporation			
DOCUMENT NUMBE		·			
The enclosed Statement (of Change of Registered Off	icc/Agent and	fee are submitte	ed for filing.	
	ndence concerning this mat	_		v	
		e Kluess			
	Name of C	ontact Person			
	CT Corpo	ration System			
	Firm/Company				
	520 Pike Street, Suite 985				
	Address				
	Scattle, WA 98101				
	City/State and Zip Code				
	wyganth				
E-ma	il address: (to be used for	future annua	l report notific	ation)	
	oncerning this matter, please				
· · ·	rie Kluess Contact Person	at (20	06)	622-4511 c Telephone Number	
Name of C	-ontact Person	Arca	Code & Dayum	e relephone Number	
Enclosed is a \$35.00 chec	ek made payable to the Depa	artment of Sta	te.		
I F	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		oorations Center Circle		

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	orporation organiz	507.1308, or 617.1308, Flo ed under the laws of the Stat ed agent, or both, in the Stati	e of Orejon
	the corporation: ELECTE		-	5 55 7 Fact.
			DR, PORTLAND, OR 9722	9
3. The mailing a	ddress (if different):			
4. Date of incon	poration/qualification:	07/12/2007	Document number:	F07000003529
	l street address of the cu unent of State: (If resign		ent and registered office on fi	le with the
	CORPORATION SERV	ICE COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32	2301		388
6. The name and (if changed):	i street address of the ne	w registered agent	(if changed) and /or registere	od office STATE S
	C T Corporation System	,		- DITT
	c/o C T Corporation Sys	tem, 1200 South Pi	ne Island Road	
		P.O. Box NOT	acochempto	
	Plantation, Florida 3332	4		
as changed will	be identical.		ddress of the business offici by its board of directors or fied in writing of the chang	
authorized by t	he board, or the corpora	ition has been not	fied in writing of the chang	je.
17			Dorie Kluess,	•
	ue of an officer of director the appointment as reg to comply with the prof nd I am familiar with a ing filed merely to refle s been notified in writin	ristered agent and visions of all statu ad accept the oblic ct a change in the eg of this change.	agree to act in this capacit tes relative to the proper an action of my position as ree registered office address. I	
	Corporation System		3/16/1	
	mature of Registered Agent	-	Date	
If signing on be	chalf of an entity:			
D	oric Kluess, Asst. Sec.			
1	Typed or Printed Name			•
	*	* * FILING FE	E: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)