Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000336568 3)))



H200003365683ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

FWSIT	Address	·	 	

## REGISTERED AGENT CHANGE MOMENTIVE PERFORMANCE MATERIALS QUARTZ, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

**(**\

Ö

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

-	provisions of sections 607.0502, 617.0502, 607. ange is submitted for a corporation organized un	
in orde	er to change its registered office or registered ag	ent, or both, in the State of Florida.
1. The name of t	the corporation: MOMENTIVE PERFORMANCE	MATERIALS QUARTZ, INC.
	office address: 22557 WEST LUNN ROAD STR	
3. The mailing a	address (if different): 1 Plastics Avenue Pittsfield,	MA 01201
		Pocument number: F97000002966
	d street address of the current registered agent are rtment of State: (If resigned, enter resigned)	d registered office on file with the
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEF, FL 32301	
6. The name and (if changed):	d street address of the new registered agent (if ch	anged) and /or registered office
	C T Corporation System	·-
	1200 South Pine Island Road	
	P.O. Box NOT ac Plantation, Florida 33324	ecptable
The street addre as changed will	ess of its registered office and the street addres	s of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its he board, or the corporation has been notified i	board of directors or by an officer so n writing of the change.
	Kim	berly Bowens Secretary
•	re of an officer or director	Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei corporation has C T Corporation	the appointment as registered agent and agre- to comply with the provisions of all statutes re- nd I am familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change.	to act in this capacity. ative to the proper and complete performance of my position as registered agent. Or, if this tered office address, I hereby confirm that the
o r corporation	Bened & Comment of the Comment of th	2020
Sig	mature of Registered Agent	Date
If signing on be	ehalf of an entity:	
Ternell Kearney	Assistant Secretary	
T	yped or Printed Name	
	* * * FILING FEE: \$3:	5.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: