

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004199

FILED
Oct 28, 2009
Secretary of State

Entity Name: CONNECTED OFFICE PRODUCTS, INC.

Current Principal Place of Business:

601 TECHNOLOGY DR.
SUITE 200
CANNONSBURG, PA 15317

New Principal Place of Business:

Current Mailing Address:

601 TECHNOLOGY DR.
SUITE 200
CANNONSBURG, PA 15317

New Mailing Address:

FEI Number: 23-2874730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN WHEELER

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOC () Delete
Name: MATHEWS, MARK
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

Title: DV () Delete
Name: WILKINSON, WAYNE
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

Title: S () Delete
Name: WHITE, JASON
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

Title: DT () Delete
Name: TORCASO, MICHAEL
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

Title: P () Delete
Name: GREENHALGH, ROBERT
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

Title: D () Delete
Name: FUKAZAWA, NOBUO
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MINATO, TOSHIHIKU
Address: 2 MUSICK
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. JASON WHITE

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10/28/2009

Electronic Signature of Signing Officer or Director

Date