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Division of Corporations
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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 21 PM 4:55

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REGISTERED AGENT CHANGE

AMETEK, INC.

RECEIVED
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DIVISION OF CORPORATIONS

Certificate of Status	0
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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, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Ametek, Inc.
2. The mailing address of the corporation : 37 North Valley Road, Building 4
Paoli, PA 19301
3. Date of incorporation/qualification: 07/22/1997 Document number: F97000003615
4. The name and address of the current registered agent and office:
Corporation Service Company
1301 Hayes Street
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Donna F. Winquist
(Signature of an officer, chairman or vice chairman of the board)

7/21/03
(Date)

Donna F. Winquist, Vice President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

By: Cornie Bryan
(Signature of Registered Agent)

7-21-03
(Date)

If signing on behalf of an entity:

Cornie Bryan
(Typed or Printed Name)

Special Asst. Secy.
(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

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