

Document Number Only

247745

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

500002795955-5

-03/05/99--01063--026

*****35.00 *****35.00

CORPORATION(S) NAME

Mahaasic Corp

99 MAR - 5 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Thanks, Melanie ☺

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Florida Department of State, ~~Sandra B. Mortham~~, Secretary of State

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 _____ 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 is: MOHANSIC CORP.

2. The mailing address of the corporation is: 727 CENTRAL AVENUE
SCARSDALE, NY 10583

3. Date of incorporation/qualification: 5/24/1961 Document number: 247745

4. The name and address of the current registered agent and office:
Resigned

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD
PLANTATION, FL 33324

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TALLAHASSEE, FLORIDA

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.

[Signature] 3/1/99
(Signature of an officer, chairman or vice chairman of the board) (Date)

R.F. Curry, Jr. 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.

[Signature] 3.5.99
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Connie Bryan Special Asst. Secretary
(Typed or Printed Name) (Capacity)