301574

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SECRETARY OF STATE
DIVISION OF CORPORATION

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RA. Charge C.COULLIETTE

APR 0 7 2009

EXAMINER



LON SERVICE COMPANY.						
ACCOUNT NO. : 07210000032						
REFERENCE : 946498 4701624						
AUTHORIZATION: Spelbolena						
COST LIMIT : \$35.00						
ORDER DATE: April 2, 2009						
ORDER TIME : 9:17 AM						
ORDER NO. : 946498-005						
CUSTOMER NO: 4701624						
CHANGE OF AGENT						
NAME. DDC CO CVCTEMC INC						
NAME: DRS C3 SYSTEMS, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XXX PLAIN STAMPED COPY						
MAN THAIR STATED COFF						
CONTACT PERSON: Matthew Young EXT# 2962						
EXAMINER:						

$^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	is	_
1. The name of	the corporation: DRS C3 SYS	TEMS, INC.		
2. The principal 645 Anch	office address:nors Street. Ft. Walton Bea	ch, FL 32548		
_	nddress (if different): Wy., Parsippany, NJ 0705	54		
4. Date of incorp	poration/qualification: $02/03/19$	Document number: 301574		
	d street address of the current regist rtment of State:	ered agent and registered office on file with the		153
	C T Corporation System		8	¥¥ SE
	1200 South Pine Island R	oad)9 APR -7	SE SE SE
	Plantation, FL 33324		7	BF CO
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	74 -: 5	OF STAI
	Corporation Service Com	npany		- 10 1 50
	1201 Hays Street			
	(P.O. Box NOT acc	ceptable)		
	Tallahassee, FL 32301	<u> </u>		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registere	ed age	nt,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.)	
Muu (Signati	ur Cull ire of an officer or director)	Maureen Cullen, Attorney in Fac	it	_
I further agree of my duties, an document is bei corporation has	to comply with the provisions of a id I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this ci	ent and agree to act in this capacity, ıll statutes relative to the proper and complete per, he obligation of my position as registered agent. G e in the registered office address, I hereby confirm hange.	forma Or, if i ı that i	nce this the
By: S	tion Service Company	04/03/2009		
(Si _l	guature of Registered Agent)	(Date)		_
If signing on be	chalf of an entity:			
	opet, Asst. VP			
(1	Typed or Printed Name)			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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