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Division of Corporations Electronic Filing Cover Sheet

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(((H10000105272 3)))



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To:

Division of Corporations

Fax Number

(850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Fax Number : (850)222-1092

: (850)878-5368

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

| 72 | Address: | | | |
|----|----------|--|--|--|
| | | | | |

REGISTERED AGENT CHANGE MCFARLAND-JOHNSON, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

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Corporate Filing Memu

Help

COVER LETTER

| TO: Amendme Division o | nt Section f Corporations | | | | | |
|------------------------------|---|--|--|--|--|--|
| etid fr <i>et</i> t. | McFarland-Johnson | ı, Inc. | | | | |
| SUBJECT: Name of Corporation | | | | | | |
| DOCUMENT NU | MBER: | | | | | |
| The enclosed State | ment of Change of Registered Office/A | agent and fee are submitted for filing. | | | | |
| Please return all co | prespondence concerning this matter to | the following: | | | | |
| | Frank J. G. | тесо | | | | |
| | Name of Conta | ct Person | | | | |
| | McFarland-Johnson, Inc. | | | | | |
| | Firm/Com | pany | | | | |
| | 49 Court Street, N | detrocenter | | | | |
| | Addres | s | | | | |
| | Binghamton, N | Y 13901 | | | | |
| | City/State and | Zip Code | | | | |
| _ | fgreco@mjino | | | | | |
| _ | E-mail address: (to be used for futu | re annual report notification) | | | | |
| For further informs | tion concerning this matter, please call | : | | | | |
| | | at () | | | | |
| Nan | ne of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.0 | 0 check made payable to the Departme | nt of State. | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

CR25045 (8/05)

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

| statement of ch | ange is submitted for a co | reporation organize | 607.1508, ar 617.1508, Florida d under the laws of the State of d agent, or both, in the State of | New York |
|----------------------------------|--|--|---|---|
| 1. The name of | f the corporation: McFarla | nd-Johnson, Inc. | | |
| 2. The principa | office address: 49 Court | Street, Metrocenter, | Binghamton, NY 13901 | |
| 3. The mailing | address (if different): | | | |
| 4. Date of inco | rporation/qualification: | 05/06/1969 | Document number: | 822745 |
| 5. The name ar Florida Depa | d street address of the cur utment of State: (If resign | rrent registered ager ed, enter resigned) | at and registered office on file w | |
| | The Prentice-Hall Corpor | ration System Inc. | | 75 E |
| | 1201 Hays Street, Suite 1 | 105 | | TALLAHASS |
| | Tallahassee, FL 32301-2 | 525 | | 30 |
| б. The name an (if changed): | d street address of the new | v registered agent (i | f changed) and /or registered of | TALLAHASSEE FLORIT |
| | C T Corporation System | | | AND THE |
| | c/o C T Corporation Syste | em, 1200 South Pine | Island Road | |
| | | P.O. Box NOT acc | eptable | _ |
| | Plantation, Florida 33324 | · | | _ |
| The street address changed will | ess of its registered office the identical. | e and the street add | ress of the business office of i | ts registered agent, |
| Such change w authorized by t | as authorized by resolution board, or the corporation | on duly adopted by ion has been notific | its board of directors or by an | officer so |
| 7 | the distance of the | | Frank J. Greco, Secr | etary |
| | ne of an officer of director | | Printed or typed name and h | |
| - | | stered agent and a sions of all statutes l'accept the obligat l'a change in the re of this change. | gree to act in this capacity relative to the proper and con ion of my position as registere gistered office address, I heret | nplete performance A agent. Or, if this by confirm that the |
| By: CT | Corporation System | | 4/29/201 | 0 |
| | nature of Registered Agent | | Date | |
| f signing on bo | half of an entityAMES N | A, NEWSOME | | |
| | Special Ass | istant Secretary | | |
| Ţ | yped or Printed Name | | | |

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

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