

825796

OMY 13 PA 3: 15

May 8, 2002

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

600005506516--7 -05/13/02--01076--004 ******35.00 ******35.00

Attn: Corporate Filing Dept.

Re: AMERICAN CRYOGENICS, INC.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. Also enclosed is our check #3954 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact x153 at 800-345-4647.

Thank you,

Myra Simmons

M Stamons

Registered Agent Services

Enclosures

RA Chg.

V SHEPARD MAY 2 0 2002

Return acknowledgment to:



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

the undersigned corporation organized under the laws of	f the State of Connecticut
submits the following statement in order to change its re the State of Florida.	egisterea office or registerea agent, or both, in
1. The name of the corporation is: AMERICAN CF	RYOGENICS, INC.
1. The hame of the corporation is.	
2. The mailing address of the corporation is:	Z Z S Z
•	82
48016 Fremont Boulevard, Fremont, CA	4 000
3. Date of incorporation/qualification: 2/22/71	Document number: 825796
4. The name and address of the current registered agent a	nd office:
CT Corporation System	
1200 S. Pine Island Road	.
Plantation, FL 33324	· · · · · · · · · · · · · · · · · ·
5. The name and address of the new registered agent and	office: (P. O. Box Not Acceptable)
Capitol Corporate Services, Inc.	
1333 North Duval St.	
Tallahassee, FL 32303	
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
Granil	41,7/02
(Signature of an officer, chairman or vice chairman of the board)	(Date)
JOHN W. BAIRIS, TRESIDENT (Printed or typed name and title)	
Having been named as registered agent and to accept so corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent.	ervice of process for the above stated red agent and agree to act in this capacity. ites relative to the proper and complete ccept the obligation of my position as
Ollan in Care	5-7-07
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Delanie Case	Asst. Sec.
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: S	\$35.00 * * *
CR2E045(7/97)	
DIVISION OF CORPORATIONS P.O. Box 6327	Tallahassee, FL 32314