## 827270

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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08 FEB-5 PH 12: 42
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SECRETARY OF STATE

1/5/08



DN SEKTICE COMPANY.				
	ACCOUNT NO.	: 072100000	032	
	REFERENCE	: 419356	5168318	
	AUTHORIZATION	Smille	man	
	COST LIMIT	: \$ 35.00		
ORDER DATE : 3	Tanuary 28, 2008			
ORDER TIME : 1	.1:17 AM			
ORDER NO. : 4	19356-060			
CUSTOMER NO:	5168318			
CHANGE OF AGENT				
NAME:	FCI USA, INC.			·
	~	ì		
PLEASE RETURN I	HE FOLLOWING AS	PROOF OF FIL	ING:	
XX PLAIN S	TAMPED COPY			
CONTACT PERSON:	_			
	EX:	AMINER'S INTE	T A T. C •	

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the	State of New York		
	he corporation: FCI USA, INC.	eu agent, or both, in the	State of Fantau.		
2. The principal	office address:				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 01/05/1972	Document number:	827270		
	street address of the current registered agreement of State:	ent and registered office	on file with the		
	CT Corporation System				
	1200 S. Pine Island Road				
	Plantation, FL 33324		W FEB		
6. The name and (if changed):	street address of the new registered agent		2008 FEB - 5 PH 2: 09 SECRETARY OF STATE STATE STATE ALLAHASSEE, FLORID		
	Corporation Service Company				
	1201 Hays Street (P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business o	ffice of its registered agent,		
	s authorized by resolution duly adopted e board, or the corporation has been not		or by an officer so ange.		
_ Suth	re of an officer or director)	Kathy L. Yetter, A	Attorney in Fact		
I hereby accept I further agree t of my duties, and document is beit corporation has Corporat By:	the appointment as registered agent and o comply with the provisions of all status of the obliging filed merely to reflect a change in the been notified in writing of this change. ion Service company	agree to act in this captes relative to the proper gation of my position as registered office addres	acity, r and complete performance registered agent. Or, if this ss, I hereby confirm that the		
	nature of Registered Agent)	(Da	te)		
If signing on bel	half of an entity:				
Elizabeth A.	Dawson, Asst. Vice President				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

(Typed or Printed Name)