Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE CONTROL SYSTEMS (USA) INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

5-8-14

https://efile.sunbiz.org/scripts/efilcovr.exe

5/7/2014

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida $f S$ nge is submitted for a corporation organized under the laws of the State of $f 1$)B		
•	r to change its registered office or registered agent, or both, in the State of F	lorida.		
1. The name of t	he corporation: Control Systems (USA), Inc.			
2. The principal	office address: One Wayward Road Burlington MA 01803			
3. The mailing a	ddress (if different):		<u> </u>	
4. Date of incorp	poration/qualification: 3/16/00 Document number: F0000000	1437		
	street address of the current registered agent and registered office on file wi tment of State: (If resigned, enter resigned)	th the .		
	Corporation Service Company			
	1201 Hays Street			
	Tallahassee FL 32301		71	•
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	fice	HAY -	<u>-1</u>
	C T Corporation System		7	
	c/o.C T Corporation System, 1200 South Pine Island Road		:4 HH	<u> </u>
	P.O. Box NOT acceptable Plantation, Florida 33324		ς Ω	
	ess of its registered office and the street address of the business office of it be identical.		l agent	•
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an its board, or the corporation has been notified in writing of the classification.	effer so		
11/2UPRA	Vice Preside	nt		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and commy duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change. poration System		red I	
By:/ 1/20	Date Date /	/		
8	half of an entity: uuren H. Kreatz pecial Assistant _{ype} APHINSIUms			

* * * FILING FÉE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)