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| PICK-UP | MAIT | MAIL | | | |
| (Bu: | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to f | Filing Officer: | | | | |
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05/22/03--01004--025 **35.00

CT CORPORATION

May 22, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5856575 SO

Customer Reference 1: 055903-00001 (Mycom)

Customer Reference 2: Maysey

Dear Secretary of State, Florida:

Please file the attached:

Mycom North America, Inc. (CA) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

| | | | | .1508, Florida Statutes, |
|--|---|---|---|---|
| · - | ed corporation organize llowing statement in ord | • | • | stered agent, or both, in |
| the State of Fl | - | | o. ea. eg., reg., | nor our agoin, or oom, m |
| 1. The name o | f the corporation : Mycor | m North America, Inc. | | |
| | <u> </u> | | - | <u> </u> |
| 2. The mailing | g address of the corporat | ion: 19475 Gramercy Plac | ce, Torrance, CA 905 | 01 |
| <u> </u> | | | Same the second | |
| 3. Date of inc | orporation/qualification: | 05/01/2000 | Document numb | per: F00000002594 |
| 4. The name a | nd address of the curren | t registered agent and o | ffice: | TALLAHASS |
| | James W. Walker | | <u> </u> | - F 2 |
| | 217 Ponte Vedre Park Driv | ve, Suite 200 | | 2 P |
| | Ponte Vedre Beach, FL 32 | 2082 | <u> </u> | _ TS ~ |
| 5. The name a | nd address of the new re | gistered agent (if chang (P. O. Box Not Accepta | , , | ed office (if chaffice): |
| | CT Corporation System | · | | |
| | c/o C T Corporation System | m, 1200 South Pine Island | Road, | |
| | Plantation, Florida 33324 | | <u></u> | <u> </u> |
| The street add agent, as chan | ress of its registered off ged, will be identical. | ice and the street addre | ess of the business | office of its registered |
| Such change vauthorized by | was authorized by resoluthe board. | ution duly adopted by i | ts board of directo | rs or by an officer so |
| (Signatur | e of an officer, chairman or vice | e chairman of the board) | <u></u> * <u> </u> | (Date) |
| Yasuhiro Tsujimo | oto, Treasurer (Printed or typed name | and title) | | ÷ |
| Having been n corporation, I I further agree performance o registered age C T Corporation | | ent and to accept service intment as registered a visions of all statutes rumiliar with and accep | te of process for the agent and agree to relative to the proper the obligation of | e above stated act in this capacity. Per and complete my position as |
| By: | (Signature of Registered Agent | Ch | 5/2//O | 3 |
| If signing on beh | <u>i</u>) | M.T. FITZPATRICK ASSISTANT SECRETA | ARY | |
| | (Typed or Printed Name) | <u> </u> | (Capaci | <u>··</u> |
| | | | (output | w/ |

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

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

TALLAHASSEE, FL 32314