F0/0000366

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SECRETARY OF STATE

3/14/11



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 11, 2011

ORDER TIME : 9:13 AM

ORDER NO. : 705268-119

CUSTOMER NO: 7822525

CHANGE OF AGENT

NAME: OCE IMAGISTICS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cl	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name o	f the corporation: OCE IMAGIST	ICS INC.	
2. The principal office address: 100 Oakview Drive, Trumbull, CT 06611			
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 07/11/200	IDocument number: F01000003661	
	nd street address of the current regist artment of State:	ered agent and registered office on file with the SECRETARY AND AUIte 4	
	NRAI Services, Inc.	ARE A	
	2731 Executive Park Drive, S	uite 4	
	Weston, FL 33331 US	uite 4 PROFESTATION	
6. The name ar (if changed)		d agent (if changed) and /or registered office	
	Corporation Service Company	У	
	1201 Hays Street		
	(P.O. Box NOT acc	reptable)	
	Tallahassee, FL 32301		
The street add as changed wi	lress of its registered office and the ill be identical.	street address of the business office of its registered agent,	
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
(Signi	ature of an officer or dispetor)	Blanca Lozada, Attorney In Fact (Printed or typed name and title)	
I hereby accept further agree of my duties, a document is be corporation him.		ent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.	
By: <	G	03/10/2011	
	Signature of Registered Agent)	(Date)	
	pehalf of an entity:		
	pct, Asst. VP (Typed or Printed Name)		

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