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(Re	questor's Name)	
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RA. Chang

C. Coullette AUG 0 9 2005



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: August 3, 2005

ORDER TIME : 9:53 AM

ORDER NO. : 521492-350

CUSTOMER NO: 5029517

CUSTOMER: Vicki Losasso-tax Dept

Honeywell International Inc.

101 Columbia Rd.

Morristown, NJ 07962

CHANGE OF AGENT

NAME: NOVAR CONTROLS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zeed under the laws of the State of
	er to change its registered office or register	
1. The name of	the corporation: NOVAR CONTROLS COF	RPORATION
2. The principal	office address: 6060 Rockside Wood	ds Blvd., Cleveland, OH 44131
3. The mailing a	address (if different): 10931 Laureate	Dr., San Antonio, TX 78249
 	<u> </u>	
4. Date of incor	poration/qualification: 11/15/2001	Document number: F01000005956
	d street address of the current registered ag rtment of State:	ent and registered office on file with the
	National Corporate Research,	Ltd., Inc.
	515 East Park Avenue	5 AU
	Tallahassee, FL 32301	ARY SER
6. The name and (if changed):		t (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	<u> </u>
	(P.O. Box NOT acceptable)	and the state of t
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street a l be identical.	address of the business office of its registered agent,
Such change was	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change. Maureen Cullen, Attorney in Fact on behalf of
YV. 4 1	use of an other or director	Thomas F. Larkins, Vice President and Secretary
/	,	(Printed or typed name and title)
of my auties, an document is bei corporation has	ia I am familiar with and accept the obliging filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
(ion Service Company	August 02, 2005
By W. A.	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
Jacqueline	M. Giles, Asst. Vice President	<u>.</u>

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

(Typed or Printed Name)