F02000005233

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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SUFFICIENCY OF FILIN

DEPARTMENT OF STATE IVISION OF CORPORATION

R.A. Charge

6. Goulliette APR 1 7 2007



| ION GENETUE GOMFAN; | | | | | |
|---|--|--|--|--|--|
| ACCOUNT NO. : 072100000032 | | | | | |
| REFERENCE : 8487177 7567641 | | | | | |
| AUTHORIZATION : | | | | | |
| COST LIMIT : \$ 35.00 - | | | | | |
| ORDER DATE : April 12, 2007 | | | | | |
| ORDER TIME : 9:22 AM | | | | | |
| ORDER NO. : 848717-050 | | | | | |
| CUSTOMER NO: 7567641 | | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| NAME: MARCH PLASMA SYSTEMS, INC. | | | | | |
| main | | | | | |
| | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY YXX PLAIN STAMPED COPY | | | | | |
| CONTACT PERSON: Kathy Drake | | | | | |
| EXAMINER'S INITIALS: | | | | | |

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

| statement of cha | provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi: er to change its registered office or register | zed under the laws of the State ofCalifo | ornia | | |
|---|---|---|---|------------------|---------|
| 1. The name of | the corporation: MARCH PLASMA SYST | TEMS, INC. | | | |
| 2. The principal | office address: 2470-A Bates Ave., Conco | rd, CA 94520 | | | |
| | 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4- | | | | |
| 3. The mailing a | address (if different): 2762 Loker Ave., W., | Carlsbad, CA 92010 | | | |
| 4. Date of incor | poration/qualification: 10/17/2002 | Document number: F02000005233 | 3 | | |
| | I street address of the current registered agetment of State: | ent and registered office on file with the | | | |
| | Gerald E. Wilder | | | | |
| | 1000 112th Circle N., Ste. 1200 | | | | |
| | Saint Petersburg, FL 33716 | | SECR | 07 AF | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | SECRETARY OF S ALLAHASSEE, FI | APR 17 AMII: | רובני |
| | Corporation Service Company | | | = | <u></u> |
| | 1201 Hays Street | | ORIO | : 52 | |
| | (P.O. Box NOT acceptable) | | אָל | | |
| | Tallahassee, FL 32301 | | | | |
| The street address changed will | ess of its registered office and the street a be identical. | address of the business office of its regis | itered agei | nt, | |
| Such change wa authorized by th | as authorized by resolution duly adopted ne board, or the corporation has been not | by its board of directors or by an office ified in writing of the change. | r so | | |
| Mun | - W | Maureen Cullen, Attorney in Fact | | | |
| ` • | ire of an officer or director) | (Printed or typed name and title) | | _ | |
| corporation nas | the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company | l agree to act in this capacity. tes relative to the proper and complete gation of my position as registered agen registered office address, I hereby conj | performar t. Or, if t firm that t | nce his he | |
| By: - Lung | ahl | 04/04/2007 | | _ | |
| (Sig | mature of Registered Agent) | (Date) | | | |
| If signing on be | half of an entity: | | | | |
| | vson, Asst. Vice President | | | | |
| T) | yped or Printed Name) | | | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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

APPROVE