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To: Division of Corporations

: (850)205-0380 Fax Number

: CORPORATION SERVICE COMPANY Account Name

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## REGISTERED AGENT CHANGE

## ENGINEERING SOLUTIONS & PRODUCTS INCORPORATED

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sections 607.0502, 613	7.0502, 607.1508, or 617.1508, Florida Statutes, this state der the laws of the State of <u>Delevere</u>	ment of in order
to change its reg	istered office or registered agent, o	r both, in the State of Florida.	
1. The name of t	he corporation: ENGINEERING SC	DLUTIONS & PRODUCTS INCORPORATED	
		Avenue, Tinton Falls, NJ 07724	
3. The mailing a	ddress (if different):		
4. Date of incom	ooration/qualification: February	4. 2003 Document number: F0300000564	
	street address of the current registe tment of State:	ared agent and registered office on file with the	
	LexisNexis Document So	lutions Inc.	
	1201 Hays Street		Ec 9
	Tallahassee, FL 32301		CR.
6. The name and (if changed):	i street address of the new registere	d agent (if changed) and /or registered office	TARY C
	Corporation Service Comp	any	F S
	1201 Hays Street		SEE
	· · · · · · · · · · · · · · · · · · ·	ersonal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addr changed will be	ess of its registered office and the identical.	street address of the business office of its registered age	nt, as
Such change we the hoard, or the	as authorized by resolution duly a e corporation has been notified in	dopted by its board of directors or by an officer so authoriting of the change.	irized by
	Senature of an officer of directors	James & Letter of JR.  (Printed or typed plants that time)	
I hereby accept I further agree duties, and I wo being filed mer been notified it	The appointment as registered ag to comply with the provisions of a n familiar with and accept the obt ely to reflect a change in the regis n writing of this change.	ent and agree to act in this capacity. Il statutes relative to the proper and complete performa seatton of my position as registered agent. Or, if this do tered office address, I hereby confirm that the corporat	nce of my icument is ion has
Ca	la liti	6-1-04	
If signing on b	(Signature of Registered Agent) chalf of an entity:	Carla Lohi Asst. Vice President	
	(Typed or Printed Name)	(Capacity)	

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