

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 12 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042004 REIN-P CR2E098 (6/04)

DOCUMENT # F03000001689 1. Entity Name THERMAL ENGINEERING INTERNATIONAL (USA) INC.					
Principal Place of Business 5701 SOUTH EASTERN AVENUE LOS ANGELES, CA 90040			Mailing Address 5701 SOUTH EASTERN AVENUE LOS ANGELES, CA 90040		
2. Principal Place of Business 10375 SLUSHER DRIVE Suite, Apt. #, etc.		3. Mailing Address 10375 SLUSHER DRIVE Suite, Apt. #, etc.			
City & State SANTA FE SPRINGS, CA		City & State SANTA FE SPRINGS, CA		4. FEI Number 95-2535124	
Zip 90670		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold;">300042692773</div> <div style="text-align: center;">11/12/04--01045--015 **150.00</div> City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 11/9/04 <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, GEORGE T 5701 SOUTH EASTERN AVENUE LOS ANGELES, CA 90040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KLAPPERT, RAINER 5701 SOUTH EASTERN AVENUE LOS ANGELES, CA 90040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT LEEMAN, SCOTT 82 CAMBRIDGE STREET BURLINGTON, MA 01803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JAMES F 82 CAMBRIDGE STREET BURLINGTON, MA 01803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDANO, ANTHONY 82 CAMBRIDGE STREET BURLINGTON, MA 01803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANTL, JAMES S 82 CAMBRIDGE STREET BURLINGTON, MA 01803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10375 SLUSHER DRIVE SANTA FE SPRINGS, CA 90670	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CHIEF OPERATING OFFICER MURAKOSHI, KEN 10375 SLUSHER DRIVE SANTA FE SPRINGS, CA 90760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 FERNCREFT ROAD, SUITE 210 DANVERS, MA 01923	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 FERNCREFT ROAD, SUITE 210 DANVERS, MA 01923	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 FERNCREFT ROAD, SUITE 210 DANVERS, MA 01923	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		George T. Phillips		11/5/2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		(323) 838-1125	