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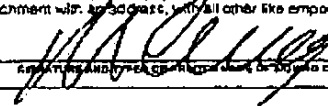
C T CORPORATION SYSTEM

APPROVED AND FILED
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213 614 9347 P.02/02

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2005 FOR PROFIT CORPORATION REINSTATEMENT

05 OCT 25 PM 3:21

DOCUMENT # F03000005680			
1. Entity Name SYSTEMS, MACHINES, AUTOMATION COMPONENTS CORPORATION			
Principal Place of Business 5807 VAN ALLEN WAY CARLSBAD, CA 92008		Mailing Address 5807 VAN ALLEN WAY CARLSBAD, CA 92008	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. 9, etc.		Suite, Apt. 9, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-0390782		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$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) 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. CONNIE BRYAN SPECIAL ASSISTANT SECRETARY			
SIGNATURE _____ DATE _____ (Signature must be signed on behalf of the corporation and not an individual. (NOTE: Registered agent signature required when reinstating))			
FILE NOW!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NEFF, EDWARD 5807 VAN ALLEN WAY CARLSBAD, CA 92008 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BERRY, ROBERT 5807 VAN ALLEN WAY CARLSBAD, CA 92008 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRY, ROBERT 5807 VAN ALLEN WAY CARLSBAD, CA 92008 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEFF, KYOKO 5807 VAN ALLEN WAY CARLSBAD, CA 92008 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFF, RICHARD 5807 VAN ALLEN WAY CARLSBAD, CA 92008 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ANDY 5807 VAN ALLEN WAY CARLSBAD, CA 92008 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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: 		Robert Berry 10/25/05 760929 7575 Vice President	

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TOTAL P.02

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Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

SYSTEMS, MACHINES, AUTOMATION COMPONENTS CORPORATION

Certificate of Status	0
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