

F0400000000747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

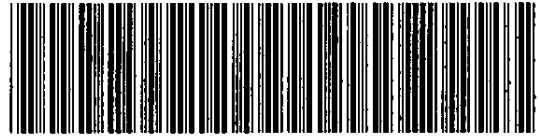
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400176318684

RA
Change

04/20/10--01004--014 **35.00

FILED
2010 MAY -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

65

DR
5/4/10

*00789, 00624, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2010

Malissa Daniels
Corporate Filing Solutions, LLC
425 Boylston Street
Boston, MA 02116

SUBJECT: MODUSLINK CORPORATION
Ref. Number: F04000000747

We have received your document for MODUSLINK CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 910A00009901

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ModusLink Corporation
Name of Corporation

DOCUMENT NUMBER: F04000000747

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malissa Daniels
Name of Contact Person

Corporate Filing Solutions, LLC
Firm/Company

425 Boylston Street, 3rd Floor
Address

Boston, MA 02116
City/State and Zip Code

mdaniels@filingsmadeeasy.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2010 MAY -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Malissa Daniels at (888) 237-3410
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ModusLink Corporation
2. The principal office address: 1100 Winter Street, Suite 4600, Waltham, MA 02451
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/09/2004 Document number: F04000000747

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Filing Solutions, LLC


7630 Largo Del Mar Drive, Suite 10

P.O. Box NOT acceptable

Boca Raton, FL 33433

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Peter L. Gray, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

4/12/2010

Date

If signing on behalf of an entity:

Thomas B. Rosedale, Manager

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
2010 MAY -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA