FD4000001327

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · - · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
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1000 July 10

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Katolight Con	P, proporation
DOCUMENT NUMBER: 78-21-0	17528-24-2
The enclosed Amendment and fee are submitted	for filing.
Please return all correspondence concerning this Steven Falish Name of Contact Person	matter to the following:
MTU Onsite Freng	<u>-</u>
100 Power Drive	
Mankade MN 560 City/State and Zip Code	00/
E-mail address: (to be used for future annual rep	on line com ort notification)
For further information concerning this matter, p	ease call:
Steven Fralish at (507) 385-862-2 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section Ame Division of Corporations Divis P.O. Box 6327 Clift	et Address: Indiment Section Sion of Corporations On Building Executive Center Circle

Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)
F04000001327
(Document number of corporation (if known)
1. Kadolight Corporation (Name of corporation as it appears on the records of the Department of State)
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota 3. 3/1/2004
(Incorporated under laws of) (Date authorized to do business in Florida)
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation, when was the change effected under the laws of
its jurisdiction of incorporation? 8/29/08
Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
appropriate abbreviation, if not contained in new name of the corporation)
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
(New jurisdiction)
Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.
Virgine Evolue
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing) (Title of person signing)
(1) per or printed figure or person signing)





STATE OF MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

- 1. Type or print in black lnk.
- There is a \$35.00 fee payable to the MN Secretary of State,
 Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

This amendment is effective on the day it is filed with the Secretary of State, unleading with t	Format (mm/dd/yyyy) lopted: (Insert full text of newly text of the amendment will not	amended
article(s) indicating which article(s) is (are) being amended or added.) If the full space provided, attach additional numbered pages. (Total number of pages) ARTICLE 1	lopted: (Insert full text of newly text of the amendment will not	amended fit in the
article(s) indicating which article(s) is (are) being amended or added.) If the full space provided, attach additional numbered pages. (Total number of pages) ARTICLE 1	text of the amendment will not t	amended fit in the
The name of the corporation is MTU Onsite Energy Corporation.	2	•
		•
	•	· ·
		•
his amendment has been approved pursuant to Minnesota Statutes chapter 302/ xecute this amendment and I further certify that I under tand that by signing this a of perjury as set forth in section 609.43 as if I had signed this ap	amendment, I am subject to the	horized to penalties
<u> </u>	John W. John	,
, /	(Signature of Authorized Pe	•
me and telephone number of contact person: Joshua W. Yaker	313, 592-5578	· .

FILE IN-PERSON OR MAIL TO: Minnesota Secretary of State - Business Services Retirement Systems of Minnesota Building 60 Empire Drive, Suite 100 St Paul, MN 55103

(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

STATE OF MINNESOTA DEPARTMENT OF STATE FILED

AUG 29 2008 a

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am to the companies of the contact us between 9:00am to the c Monday through Friday at (651) 296-2803 or foll free 1-877-551-6767. Secretary of State

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filling. If that information is not included, your document may be returned unfilled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)298-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.