# F0400007112

| (Requestor's Name)       |                 |           |  |  |  |  |
|--------------------------|-----------------|-----------|--|--|--|--|
| (Ad                      | ldress)         |           |  |  |  |  |
|                          |                 |           |  |  |  |  |
| (Ad                      | ldress)         |           |  |  |  |  |
| (City/State/Zip/Phone #) |                 |           |  |  |  |  |
| PICK-UP                  | WAIT .          | MAIL      |  |  |  |  |
| (Business Entity Name)   |                 |           |  |  |  |  |
| (Document Number)        |                 |           |  |  |  |  |
| Certified Copies         | _ Certificates  | of Status |  |  |  |  |
| Special Instructions to  | Filing Officer: |           |  |  |  |  |
|                          |                 |           |  |  |  |  |
|                          |                 |           |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FLORID

R.A. Chorg C.COULLIETTE JUL 09 2009

**EXAMINER** 



## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 7/2/2009 FLORIDA

REP UNIT: FISHER SCIENTIFIC OPERATING

COMPANY

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #16551 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

#### **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT:  | FISHER SCIENTIFIC OPERATING COMPANY (Name of Corporation)   |   |  |  |  |  |
|---|---|---|--|--|--|--|
|   | (Name of C  | orporation)   |  |  |  |  |
| DOCUMENT N                                      | UMBER: <u>F04000007112</u>                                  |   |  |  |  |  |
| The enclosed Stat                               | ement of Change of Registered Offic                         | e/Agent and fee are submitted for filing.                                   |  |  |  |  |
| Please return all c                             | correspondence concerning this matte                        | r to the following:   |  |  |  |  |
|   |   |   |  |  |  |  |
|   | Myra I  | Homer<br>ntact Person)  |  |  |  |  |
|   | (Name of Co   | ntact Person)   |  |  |  |  |
|   |   |   |  |  |  |  |
| Capitol Corporate Services, Inc. (Firm/Company) |   |   |  |  |  |  |
|   | (Tilling)   | onipany)  |  |  |  |  |
|   |   |   |  |  |  |  |
|   | 800 Brazos  | ress)   |  |  |  |  |
|   | (Aut  | 1035)   |  |  |  |  |
|   |   |   |  |  |  |  |
| Austin, Texas 78701 (City/State and Zip Code)   |   |   |  |  |  |  |
|   | ·   | ·   |  |  |  |  |
| For further inforn                              | nation concerning this matter, please                       | call:   |  |  |  |  |
|   | Myra Homer  | at ( 800 ) 345-4647   |  |  |  |  |
| ()  | Myra Homer<br>Jame of Contact Person)                       | at ( <u>800</u> ) <u>345-4647</u><br>(Area Code & Daytime Telephone Number) |  |  |  |  |
| Enclosed is a \$35                              | .00 check made payable to the Depar                         | tment of State.   |  |  |  |  |
|   | Mailing Address: Amendment Section Division of Corporations | Street Address: Amendment Section Division of Corporations                  |  |  |  |  |
|   | P.O. Box 6327   | Clifton Building  |  |  |  |  |
|   | Tallahassee, FL 32314                                       | 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 statement of change is submining in order to change   |  | ganized under the law.   | s of the State o  | of DELAWAF                                       |                                    |
|---|--|--|---|--|------------------------------------|
| 1. The name of the corporat   | ion: FISHER  | SCIENTIFIC O   | PERATIN   | G COMPA  | NY                                 |
| 2. The principal office addr  | ess: C/O THERMO FISH   | ER SCIENTIFIC  |   |  |                                    |
| 2000 PARK LANE, P   | ITTSBURGH, PA 1527   | 5  |   |  |                                    |
| 3. The mailing address (if d  | ifferent):   | <u></u>  |   |  |                                    |
| 4. Date of incorporation/qu   | alification: 12/16/2004  | Document m   | umber: <u>F040</u>  | 00007112   |                                    |
| 5. The name and street addr<br>Florida Department of St   | <del>-</del>   | d agent and registered   | l office on file  | with the   |                                    |
| CT COR  | PORATION SYSTEM  |  | <del></del> -   |  |                                    |
| 1200 SC   | OUTH PINE ISLAND RO  | AD   |   |  |                                    |
| PLANTA  | TION FL 33324  |  |   | <del></del>                                      |                                    |
| 6. The name and street address (if changed):  | _  |  |   | 09 JUL -   | 71                                 |
| <u>Capitol C</u>  | Corporate Services, Inc.   |  |   | <u>XX</u> o                                      | 1                                  |
| <u>155 Offic</u>  | ce Plaza Drive, Suite A  |  |   |  |                                    |
| Tallala a   | (P.O. Box NOT accepta  |  | 20201   | 1: 2:<br>S FAI<br>L ORI                          | 0                                  |
| <u>Tallahas</u>   |  |  | 32301   |  | _                                  |
| The street address of its re<br>as changed will be identic  | gistered office and the stream.  | eet address of the bus   | siness office   | of its registered                                | d agent,                           |
| Such change was authorized by the board, o  | ed by resolution duly ador<br>r the corporation has been   | oted by its board of d<br>notified in writing o  | lirectors or by of the change.                                      | y an officer so                                  |                                    |
| My Ho   | Me(  | Myra Homer,  | Attorney-in-  | fact<br>and title)                               |                                    |
| I hereby accept the appoint I further agree to comply of my duties, and I am fan document is being filed nu corporation has been noti | ntment as registered agent<br>with the provisions of all s<br>siliar with and accept the<br>grely to reflect a change in<br>fied in writing of this char | and agree to act in the statutes relative to the obligation of my posts the registered office age. | this capacity,<br>e proper and<br>ition as regis,<br>e address, I h | complete perf<br>tered agent. C<br>ereby confirm | ormance<br>Or, if this<br>that the |
| Chayle We   | udlo<br>istered Agent)   | July   | 2, 207  | 29   |                                    |
| If signing on behalf of an  | entity:  |  | •   |  |                                    |

Grayle Windle, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.
(Typed or Printed Name)

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

#### SPECIAL POWER OF ATTORNEY

Seth Hoogasian, a duly authorized officer and/or director of the entities listed on Exhibit A hereto (the "Entities") does hereby make, constitute, and appoint Capitol Services, Inc., Capitol Corporate Services, Inc. and Capitol Document Services, Inc. and each duly authorized representative of such entities, including without limitation Ms. Myra Homer and Ms. Delanie Case, as his true and lawful attorneys-in-fact with full right, power and authority for him, as an authorized officer or manager of the Entities, in his name, place and stead to prepare, execute, acknowledge, and file or to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by the Entities or on their behalf with any state agency in order to effectuate a change in the Entities' registered agent to Capitol Services, Inc., Capitol Corporate Services, Inc. or Capitol Document Services, Inc., as applicable.

GIVING AND GRANTING to said attorneys-in-fact full power and authority to do and perform every act necessary or appropriate to be done in the exercise of the foregoing power as fully as Seth Hoogasian, a duly authorized officer or director of the Entities, could do if personally present and acting, with full power of substitution and resubstitution, hereby ratifying, confirming, and approving all that said attorneys-in-fact shall lawfully do or cause to be done by virtue hereof.

This Special Power of Attorney shall be effective as of the date set forth below and shall continue in effect until revoked by Seth Hoogasian by written notice to said attorneys-in-fact.

IN WITNESS WHEREOF, Seth Hoogasian has set his hand this  $\frac{4i}{2}$  day of June, 2009.

Seth Hoogasian

Director or President