To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002858103)))



H180002858103ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE INFICON INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
•	ange is submitted for a corporation organized under the laws of the State of Delawate	
	er to change its registered office or registered agent, or both, in the State of Florida	
1. The name of	the corporation: INFICON INC.	
2. The principal	office address: TWO TECHNOLOGY PLACE EAST SYRACUSE, NY 13057	
3. The malling a	address (if different):	 -
4. Date of incorp	poration/qualification: 2/25/2005 Document number: F05000001210	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	NICHOLS, JAMES M	
	6112 26TH AVE. NORTH	
	ST. PETERSBURG, FL 33710	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office 2.4	
	NRA. Services, Inc.	Ì
	1200 South Pine Island Road P.O. Box NOT acceptable	
		1
	Plantation, Florida 33324	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent,	
Such change was authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the composition has been notified in writing of the change.	
	Hoang Cao Vice Yesident Printed or type if name and take	
I hereby/accept	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete finy dulies, and I am familiar with und accept the obligation of my position as registered als dominant is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
By: 7	maiure of Registered Agent Asst Societary Dole	
•	ehalf of an entity:	
ar arguing on oc	t	
	Typed or Frinted Name	
·	* * * FILING FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	
М	TAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

91/29/2011 Waters Klower Oeline

CR2E045 (03/12)