2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000001284

Entity Name: EVOTEC TECHNOLOGIES, INC.

FILED Sep 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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80 STATE STREET, 6TH FLOOR 940 WINTER STREET

ALBANY, NY 12207 WALTHAM, MA 02451 US

Current Mailing Address: New Mailing Address:

80 STATE STREET, 6TH FLOOR 940 WINTER STREET ALBANY, NY 12207 ATTN: J. PEARL

WALTHAM, MA 024511457 US

FEI Number: 20-0078154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 323012525 US

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: C T CORPORATION SYSTEM 09/15/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PC
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 CLAUSSEN, CARSTEN M.H. DR
 Name:
 SCHLEPER, EDWARD R VP

 Address:
 80 STATE STREET, 6TH FLOOR
 Address:
 940 WINTER STREET

 City-St-Zip:
 ALBANY, NY 12207
 City-St-Zip:
 WALTHAM, MA 02451 US

Title: PSD () Change (X) Addition

 Name:
 Name:
 HEALY, JOHN L PSD

 Address:
 Address:
 940 WINTER STREET

 City-St-Zip:
 City-St-Zip:
 WALTHAM, MA 02451 US

Title: () Delete Title: DT () Change (X) Addition

 Name:
 Name:
 DELAHUNT, STEVEN J DT

 Address:
 Address:
 940 WINTER STREET

 City-St-Zip:
 City-St-Zip:
 WALTHAM, MA 02451 US

Title: () Delete Title: AS () Change (X) Addition

 Name:
 DAVIS, NATE AS

 Address:
 Address:
 940 WINTER STREET

 City-St-Zip:
 City-St-Zip:
 WALTHAM, MA 02451 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. HEALY PSD 09/15/2009