

Division of Corporations Public Access System

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To:

Division of Corporations

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: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

SV MICROWAVE TECHNOLOGIES, INC.

Certificate of Status	0 0	
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INISION OF CORPOFALISH

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Corporate Filing Menu

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See competities. Na competities

FEB 03 2006

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2/3/2006

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

	ons af sections 607.0502, 617.050 submitted for a corporation organ			<u>:</u>
	inge its registered office or regist			т
1. The name of the corp	oration: SV Microwave Technolog	gies, Inc.		•
	address: 2400 Centrepark W. Drive		3409	
3. The mailing address ((if different): 358 Hall Av	suue - Legal Departmen	و	
	Wallingford	CT 06492		· ·
4. Date of incorporation	/qualification: 4/1/05	Document number: F0500	00002046	
5. The name and street a Florida Department o	address of the current registered a of Scate:	gent and registered office on file	with the	
CJ Janu	aty -			:
2400 €	Centrepark W. Drive, Ste. 100, Wes	t Palm Beach, FL 33409		
6. The name and street a (if changed):	address of the new registered age	nt (if changed) and /or registered	office	17 E. S.
	C T Corporate	ion System	·	
	c/o CT Corporation System, 1	200 South Pine Island Road		
	(P.O. Box NOT acceptable	=	 :	
	Plantation, Flo	ride 33324		
	s registered office and the street stical,		•	nt,
Such change was authorized by the board	orized by resolution duly adopted, or the corporation has been no	d by its board of directors or by otified in writing of the change.	y an officer so	
(Signature of an p		Edward C, Wetmore, (Pinded of typed name		
I liereby accept the app I further agree to come of my duties, and I am document is being filed corporation has been t	coiniment as registered agent at oby with the provisions of all sta- familiar with and accept the ob- I merely to reflect a change in the officed in writing of this change of the	nd agree to act in this capacity tutes relative to the proper and ligation of my position as register registered office address, I have	complete performa tered agent. Or, it ereby confirm that	nce this the
)amail of	Register& Agents	(-26.3700cp	<u> </u>	
If signing on behalf of	an equity:		SEC) }
(Typed or I	Frinted Name) * * * FYLING F	EE: \$35.00 * * *	RETARY AHASSE	; =
MAIL TO CR2E045 (8/05)	Make checks payable to Fi Division of Corporations,	orida Department of State P.O. Box 6327, Tallahasser,	i mo :	e O
FL\$26 - 53/14/2005 C.T Systems Online			ATE RIDA	