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DEPARTHENT OF STATE
DIVISION OF SERPORATION

ASP 1/21/09



ACCOUNT NO. : 072100000032

REFERENCE: 853396

7680100

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: January 9, 2009

ORDER TIME : 2:32 PM

ORDER NO. : 853396-008

CUSTOMER NO: 7680100

CHANGE OF AGENT

NAME: STOREROOM SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

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

statement of thu	provisions of sections 607.0502, 617.050 ange % submitted for a corporation organ ar to change its registered office or registe	ized under the laws of the State of \underline{I}	Pennsylvania
1. The name of t	the corporation: STOREROOM SC	DLUTIONS, INC.	
2. The principal	office address: Two Radnor Corp.	Circle, Suite 400, Wayne,	PA 19087
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/02/2006	Document number: F06000	00001358
	d street address of the current registered a rtment of State:	gent and registered office on file wit	h the
	C T Corporation System		
	1200 South Pine Island Road		2005 SE TAL
	Plantation, FL 33324		Z009 JAN 21 SECRETARY TALLAHASS
6. The name and (if changed):	d street address of the new registered ager		21 PH 4: 39 ARY OF STATE ASSEE, FLORIDI
	Corporation Service Company	/	TATE ORIE
	1201 Hays Street		B
	(P.O. Box NOT acceptable) Tallahassee, FL 32301)	
	ess of its registered office and the street be identical. as authorized by resolution duly adopted board, or the corporation has been not been board.		
Maureen Culle		Maureen Cullen, Attorne	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change tion Service Company		
	nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Sylvia Quer	opet, Assistant VP		
	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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