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| PICK-UP WAIT MAIL | | | | | |
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2/13/13

NAME:

ELECTRO SCIENTIFIC INDUSTRIES, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

| statement of cha | provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organize to change its registered office or registere | ed under the laws of the Sta | te of Oreg | his on |
|---|--|---|---|----------------|
| 1. The name of t | he corporation: ELECTRO S | CIENTIFIC INDU | STRIES, | INC. |
| 2. The principal 13900 | office address: | Portland | OR | 97229 |
| - | ddress (if different): NW Science Park Drive | Portland | OR | 97229 |
| | poration/qualification: July 12, 2007 | | F070000 | |
| 5. The name and | street address of the current registered age tment of State: (If resigned, enter resigned) | nt and registered office on | | |
| | C T Corporation | n System | | .o |
| | c/o CT Corporation System, 1200 | South Pine Island Ro | oa 65 🗲 🛞 | |
| | Plantation, FL | 33324 | | EB (|
| 6. The name and (if changed): | street address of the new registered agent | | red office | FILED PH 4: 33 |
| | 155 Office Plaza Drive | · | | OF CONTRACT |
| | Tallahassee, FL 32301 | ceptable | | |
| The street addre | ess of its registered office and the street ad be identical. | dress of the business offic | e of its register | ed agent, |
| K, | as authorized by resolution duly adopted by the board, or the corporation has been notified by the board of the corporation has been notified by the board of the | y its board of directors or lied in writing of the chang Kerry Mustoe Printed or typed name | VPLCAO | , |
| I hereby accept I further agree i performance of agent. Or, if thi hereby confirm | the appointment as registered agent and do comply with the provisions of all statute my duties, and I am familiar with and access document is being filed merely to reflect that the corporation has been notified in what the Registered Agent | ••• | y. id complete osition as regis d office addres: | tered s, I |
| ii signing on be | half of an entity: | | | |

Mark Thomas, Assistant Secretary

Typed or Printed Name

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)