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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (850)222-1092 Fax Number: (850)878-5926 SELIKETARY CF STATE TALLAHASSEE FI DRID

REGISTERED AGENT CHANGE

GRIFFIN TECHNOLOGY INCORPORATED

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Electronic Filing Menu

Corporate Filing Menu

Help

CT CORP

PAGE 82/82

JUN-23-2006 09:33

CT CORPORATION CLEVELAND

216 621 4059 P.02/02

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

Pursuant to the	te provisions of s	sections 607.0502	<i>2, 617.0502</i> ,	607.1508, or 617.	.1508, Florida Ste	stutes,	
this statement	of change is subr	nitted for a corpor	ration organ	ized under the law.	s of the State of		
Florida		_	_	e or registered age	•	State	
of Florida.		-5 4.00.000			THE DE COURT ME LINE	- LIPAGE	
-	f the competion.	Griffin Technology	u Intromorated				
i. The name of	i me corboranou:	Churm 100H01081	y medipolated				
2. The princips	al office address:	1133 Corporate Dri	ive, Farmingto	n, New York 14425	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. The mailing	address (if differ	ent): Same					
4. Date of inco	rporation/qualific	cation: 2/10/1994		_ Document number	эт; <u>F94000000672</u>		
	nd street address of state:	of the current regi	stered agent	and registered office	ce on file with the	: On	
-		The Prentice-Ha	Il Corporation	System	H/A	₹	
		1201 Hay	s St., Suite IO:	5	AR)	JUN 23	ì
		Tallahas	see, Fl 32301		E C	P	
6. The name a changed):	nd street address	of the new regi	stered agent	(if changed) and /	/or registered offi	=	ζ
		C T Corp	oration System	1	DA DE	ယ်	
		c/o C T Cor	rporation Syste	ım			
		(P.O. Box or personal			,		
	1200	South Pine Island R	oad, Plantation	, Florida 33324			
The street addr	ess of its register red will be identi	red office and the	strect addre	ss of the business	office of its regist	ered	
Such change wanthorized by t	as authorized by	resolution duly a corporation has b	dopted by it een notified	s board of directors in writing of the cl	s or by an officer hange.	so	
	Carture of the chair			J. Dettinger, V	d title)		
l hereby accept I further agree performatice of registered ager office address,	t the appointmen to comply with the f my duties, and I nt. Or, if this doc I hereby confirm	t as registered ag he provisions of a l am familiar with cument is being fi that the corpora	ent and agri ill statutes ri n and accept led merely to tion has bee	ee to act in this cap elative to the prope the obligation of n o reflect a change to n notified in writin	eacity, er and complete ny position as in the registered ny of this change,		
_ CT	Corporation System	a.		·	<i>-</i>		
By: Congre	Signature of Registered A	(pent)		6-23-01	**		
If signing on beha	_	-gannily		tami			
se alkenne ale bolish	I or an entity: Ioyee A. Gilbert			Assistant Socret	STV		
	Typed or Printed Name)			(Canacity)			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314