Principal Place of Business       Mailing Address         ZYMARK CENTER       G ELU STREET         G ELU STREET       G ELU STREET         HOPKINTON MA 01748       HOPKINTON MA 01748         2. Principal Place of Business       3. Mailing Address         Suite. Apt. #, etc.       Suite. Apt. #, etc.         City & State       City & State         City & State       City & State         4. FEI Number       Q4-2719878         Name and Address of Current Registered Agent       F. Scatalineal         Fe Required       F. Name and Address of Current Registered Agent         City & State       City & Status Desired         City & Status       Street Address (PO. Box Number is Not Acceptable)         PLANTATION FL 33224       City         FL The above named faity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and acceptable)         PLANTATION FL 33224       POTE Registered Agent signature registered agent, or both, in the State of Florida. Lam familiar with, and acceptable)         Street Address 10.0000       Date         Street Address 10.0000       Date         Street Address 10.00000       Date         Street Address 10.00000       Date         Street Address 10.0000000       Date			00001873	RT (UBR)	May 05, 2003 8:00 am Secretary of State 05-05-2003 90699 024 ***150.00				
2       Principal Place of Business       3. Malling Address         Suite, Apt. #, etc.	ZYMARK CEN 68 ELM STRE	nter Eet	ZYMARK CENTER 68 ELM STREET						
City & State       City & State       4. FEI Number       04-2719878       Applied Foi Not Applied         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD       Street Address (P.O. Box Number is Not Acceptable)       Extend Address (P.O. Box Number is Not Acceptable)         PLANTATION FL 33324       City       FL       Zip Code         8. 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: Tam familiar with, and acceptable         SIGNATURE       Signature, typed or printed name of registered agent and tile if explicable.       (NOTE: Registered Agent signature required when reinstaling)       DAte         SIGNATURE       Signature, typed or printed name of registered agent and tile if explicable.       (NOTE: Registered Agent signature required when reinstaling)       DAte         SIGNATURE       Signature, typed or printed name of registered agent and tile if explicable.       (NOTE: Registered Agent signature required when reinstaling)       DAte         Signature, typed or printed name of registered agent and tile if explicabl	2. Principal F	Place of Business	3. Mailing Address						
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Real Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Real Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Real Required         7. Name       Name       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         8. 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: 1 am familiar with, and acceptable       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida: 1 am familiar with, and acceptable       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstaing)       DATE       Signature, typed or primed name of registered agent and the it applicable.       (NOTE: Registered Agent signature required when reinstaing)       DATE         Signature, typed or primed name of registered agent and the it applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE	Suite, Apt	. #, etc.	Suite, Apt. #, etc.						
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD       Name       Street Address (P.O. Box Number is Not Acceptable)         PLANTATION FL 33324       City       FL       Zip Code         8. 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: I am familiar with, and acceptable       City       FL       Zip Code         8. 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: I am familiar with, and acceptable       Signature, typed or printed name of registered agent and tills (1 applicable.       (NOTE: Registered Agent signature required when reinstaing)       DATE         Signature, typed or printed name of registered agent and tills (1 applicable.       (NOTE: Registered Agent signature required when reinstaing)       DATE         Signature, typed or printed name of registered agent and tills (1 applicable.       (NOTE: Registered Agent signature required when reinstaing)       DATE         Signature, typed or printed name of registered agent and tills (1 applicable.       (NOTE: Registered Agent signature required when reinstaing)       DATE         Signature, typed or printed nagent and tills (1 applica	City & Stat	te	City & State						
	Zip	Country	Zip	Country	5 Certificate of Status Desired Status				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code City FL Signature registered agent, or both, in the State of Florida: I am familiar with, and acce the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE File FEETS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS DP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		6. Name and Address of Curren	t Registered Agent						
1200 SOUTH PINE ISLAND ROAD       Street Address (P.O. Box Number is Not Acceptable)         PLANTATION FL 33324       City       FL       Zip Code         8. 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: 1 am familiar with, and acceptable)         8. 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: 1 am familiar with, and acceptable)         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida: 1 am familiar with, and acceptable)         SIGNATURE       Signature, typed or printed name of registered agent and tile (spplicable.         (NOTE: Registered Agent signature required when reinstaling)       DATE         9. Election Campaign Financing       \$5.00 May B         Added to Fees       Added to Fees         10.       OFFICERS AND DIRECTORS       11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.         ITTLE       DP       Delete         NAME       STREET ADDRESS       STREET ADDRESS	CT CORF	ORATION SYSTEM							
City       FL       Zip Code         Structure       City       FL       Zip Code         B. 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: I am familiar with, and accerta the obligations of registered agent.       State of Florida: I am familiar with, and accerta the obligations of registered agent.         SIGNATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         FILE       File       File       State       9. Election Campaign Financing Trust Fund Contribution.       \$\$5.00 May B         Added to Fees       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       11.         ITTLE       DP       Intrue       Delete       ITTLE       Added to Fees         NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS	1200 SOL	UTH PINE ISLAND ROAD		Street Address	(P.O. Box Number is Not Acceptable)				
8. 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: I am familiar with, and accert the obligations of registered agent.   SIGNATURE   Signature, typed or printed name of registered agent and title (f applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE   FILE NOV III FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   TITLE   NAME   STREET ADDRESS	PLANTAT	10N FL 33324							
the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title (1 applicable.  INOTE: Registered Agent signature required when reinstating) DATE  FILE TOWNIL FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS  12 BRIDGETON WAY  STREET ADDRESS				City	FL Zip Code				
NAME HRUSOVSKY, R KEVIN NAME STREET ADDRESS 12 BRIDGETON WAY STREET ADDRESS	10	OFFICERS AND	DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
	NAME STREET ADDRESS	HRUSOVSKY, R KEVIN 12 BRIDGETON WAY	Delete	NAME STREET ADDRESS	Change Add				
INTLE V Delete TITLE Change Addi NAME RASKEY, MARK STREET ADDRESS STREET ADDRESS HOPKINTON MA 01748 CITY-ST-ZIP	NAME STREET ADDRESS	V RASKEY, MARK 8 RIDGE RD	Delete	TITLE NAME STREET ADDRESS	Change Add	lition			
TITLE V Delete TITLE Change Addi VAME BERNAL, ENRIQUE NAME STREET ADDRESS STREET ADDRESS		v	Delete	NAME	Change Add	lition			
NAME HAMLING, J L NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS					}			
AAME BAL, BRUCE NAME ITREET ADDRESS 4 TYLER ROAD STREET ADDRESS UPTON MA 01568 CITY-ST-ZIP	AAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS	WESTBOROUGH MA 01581 D HAMLING, J L 98 SEA MARSH RD	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change 🗌 Add	lition			
TITLE STV Delete TITLE Change Addi NAME MCAREE, PETER NAME STREET ADDRESS 10 SOUTH BARN RD STREET ADDRESS	NITLE VAME STREET ADDRESS DITY-ST-ZIP NITLE VAME STREET ADDRESS DITY-ST-ZIP NITLE VAME STREET ADDRESS DITY-ST-ZIP	WESTBOROUGH MA 01581 D HAMLING, J L 98 SEA MARSH RD AMELIA ISLAND FL 32034 V BAL, BRUCE 4 TYLER ROAD UPTON MA 01568		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

216	2	70	Ż	2	$\underline{\omega}$	<b>S(</b> )	[Y	n	Ľ.,		Ľ	11	ũ K	-	r
	1	54	PED		De Ru	NTĚD	NAM	E OF	SIG	NING	OFF	ICER	OR	DIF	1

<u>6/(</u> Date 50

.