

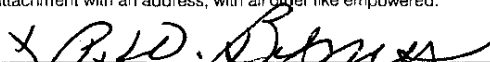


**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

64070000

<b>DOCUMENT # F96000006546</b>						04-19-2004 90330 033 ***150.00	
1. Entity Name <b>ALCATEL VACUUM PRODUCTS, INC.</b>							
Principal Place of Business <b>67 SHARP ST HINGHAM, MA 02043</b>			Mailing Address <b>67 SHARP ST HINGHAM, MA 02043</b>			<b>24030000</b>	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132004 Chg-P CR2E034 (10/03)	
City & State			City & State			4. FEI Number <b>04-2836162</b>	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUEGAN, JEAN-YVES			NAME			
STREET ADDRESS	ALLEE DU BOUVERAT, MENTHOU ST BERNAD			STREET ADDRESS			
CITY-ST-ZIP	74290 FRANCE			CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIGGINS, JOHN			NAME			
STREET ADDRESS	67 SHARP ST			STREET ADDRESS			
CITY-ST-ZIP	HINGHAM, MA 02043			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE SAINT TRIVIER, JACQUES			NAME			
STREET ADDRESS	BP69			STREET ADDRESS			
CITY-ST-ZIP	74000 ANNECY, FR			CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, DELBERT J			NAME			
STREET ADDRESS	67 SHARP ST			STREET ADDRESS			
CITY-ST-ZIP	HINGHAM, MA 02043			CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNES, PATRICK			NAME			
STREET ADDRESS	67 SHARP ST			STREET ADDRESS			
CITY-ST-ZIP	HINGHAM, MA 02043			CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETER KARONIK			NAME			
STREET ADDRESS	67 SHARP ST			STREET ADDRESS			
CITY-ST-ZIP	HINGHAM MA 02043			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				4/12/04 781-331-4200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			