

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : T20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. SE

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OCT 18 AM 8: 30

SECRETARY OF STATE
ALIAHASSEE, FLORIDA

REGISTERED AGENT CHANGE MORPHO DETECTION, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

10/18/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

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NV.	2211	Г.	4

STATEM	Ent of Change of registere for cor	d office or registered agen Porations	T OR BOTH	
statement of e	change is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Status vanized under the laws of the State of Dels istered agent, or both, in the State of Florid	aware	
l. The name	of the corporation: MORPHO DETEC	TION, INC.		
2. The princip	pal office address:			
7151 Ga	teway Blvd., Newark, CA 94560			
3. The mailin	ng address (if different):			
4. Date of inc	corporation/qualification: 05/02/1997	Document number: F970000023:	31	
	and street address of the current registered partment of State:	agent and registered office on file with the	ŀ	
	C T Corporation System	·		
	1200 South Pine Island Road			
	Plantation, FL 33324		2018 TAI	
6. The name a (if changed)	and street address of the new registered ag	ent (if changed) and /or registered office	2010 OCT 18 SECRETAR TALLAHASS	
	Corporation Service Company		m ⁻	
	1201 Hays Street		EFF 3	
	(P.O. Box NOT acceptable	lc)	97	
	Tallahassee, FL 32301		2 High	
The street add as changed w	dress of its registered office and the stree	et address of the business office of its regi	stered agent,	
Such change withorized by	was authorized by resolution duly adopt the board, or the corporation has been a	ed by its board of directors or by an office notified in writing of the change.	tr so	
5	Canca Lough	Blanca Lozada, Attorney in Fact		
+0 €	nature of the officer of currector)	(Formed of typed rame and title)		
of my auties, i locument is b corporation h	ana I am jamiliar with and accept the oli peing filed merely to reflect a change in t las been notified in writing of this chang	ind agree to act in this capacity, studes relative to the proper and complete pligation of my position as registered ager the registered office address, I hereby con e.	performance nt. Or, if this firm that the	
By: Corpora	ntion Service Company	10/13/2010		
~, ~	Signature of Ragistered Agess)	(Deta)		
f signing on l	behalf of an entity:	•		
Sylvia Quep	ppet, Asst. Vice President			
	(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 * * *