

## Florida Department of State Division of Corporations

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Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

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## REGISTERED AGENT CHANGE MEGTEC SYSTEMS, INC.

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9/13/2010

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

statement of chi	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ ur to change its registered office or regist	sized under the laws of the State of Dela	ware	,
1. The name of	the corporation: MEGTEC SYSTEMS	S, INC.		
	office address:			
830 Prospe	r Road, Depere, WI 54115-0030		<del></del>	. <del></del>
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/18/1997	Document number: F970000043	22	
	I street address of the current registered a trient of State:	gent and registered office on file with the	<b>.</b>	
	C T Corporation System			
1200 South Pine Island Road				
	Plantation, FL 33324		த்தது. தென்னத்து	
6. The name and (if changed):	I street address of the new registered ages	nt (if changed) and /or registered office	TO SEP I	.1 mil
	Corporation Service Company		<b>ω</b>	
	1201 Hays Street		AN IO	
	(P.O. Box NOT acceptable)	•	<i></i> 5	(5
	Tallahassec, FL 32301			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its reg	istered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been no	by its beard of directors or by an office tified in writing of the change.	er so	
Den	un offere	Blanca Lozada, Attorney in Fact		
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment of registered agent an occupily with the provisions of all state of am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change. On Service Company	(Printed or typed hame and thie) d agree to act in this capacity, utes relative to the proper and complete igation of my position as registered age e registered office address. Thereby co	e performance int. Or, if this nfirm that the	
By: Sign	lucy	09/09/2010		
O(SI	nature of Registered Agent)	(Date)		
If signing on be	half of an entity:			
	t, Asst. Vice President			
(1	yped or Printed Name)			
	* * * FILING FE	E: \$35.00 * * *		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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