F99000005416

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PICK-UP WAIT MAIL				
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OBJECT OF CURPORATION
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SECRETARY OF STATE
TALLAHASSEE, FLOORING

RA. Change

6. Conflicte MAR 1 1 2003



ACCOUNT NO. : 072100000032 REFERENCE : 477386 7636653 AUTHORIZATION C COST LIMIT ORDER DATE: March 7, 2008 ORDER TIME : 9:09 AM ORDER NO. : 477386-020 CUSTOMER NO: 7636653 CHANGE OF AGENT NAME: C&D TECHNOLOGIES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Debbie Skipper

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws of the S	State of Delaware	-
1. The name of	the corporation: C&D TECHNOLO	OGIES, INC.		
	office address:	•		
1400 Uni	on Meeting Road, Blue Bell, P	A 19422		
	on Meeting Road, P. O. Box 30	053, Blue Bell, PA 1	9422	
4. Date of incorp	poration/qualification: 10/21/1999	Document number: _	F99000005416	<u> </u>
5. The name and	I street address of the current registered a tment of State:		on file with the	
	NRAI Services, Inc.			
	2731 Executive Park Drive, S			
	Weston, FL 33331 I street address of the new registered agent Corporation Service Company		SECRETAR ALLAHASS	energen. K. di
6. The name and (if changed):	R I AM II:			
		<u>y</u>	STA	U
	1201 Hays Street (P.O. Box NOT acceptable)			
	Tallahassee, FL 32301	,		
The street addre	ess of its registered office and the street be identical.	address of the business of	ffice of its registered agen	t,
Such change wa authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors otified in writing of the ch	or by an officer so ange.	
Maureen Cullen, Attorne (Signature of an officer or director) (Printed or typed name and			-	•
I hereby accept I further agree of my duties, and document is bei corporation has Corporat By:	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change tion Service Company	nd agree to act in this capa futes relative to the proper ligation of my position as the registered office address. 03/06/2008		ce iis ie
If signing on be	half of an entity:			
Elizabeth A	. Dawson, 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 * * *