K86272

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
POWER DISTRIBUTION, INC.

Certificate of Status	0
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6/15/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POWER DISTRIBUTION, INC.
Name of Corporation

DOCUMENT NUMBER: K86272

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rita Herring
Name of Contact Person

Smiths Interconnect, Inc.
Firm/Company

818 Connecticut Avenue, NW , Suite 450
Address

Washington, DC 20006
City/State and Zip Code

rita.herring@smithsinterconnect.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Herring at (202) 756-2919
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: POWER DISTRIBUTION, INC.

2. The principal office address: 215 S. ROME AVE, TAMPA FL 33606 US

3. The mailing address (if different): P.O. BOX 262591, TAMPA FL 33685 US

4. Date of incorporation/qualification: 07/22/1997 Document number: K86272

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RUBIO, EUGENIO A

215 S. ROME AVE.

TAMPA FL 33606 US

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6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

JAY ANGELO, SECRETARY
Signature of an officer or director — Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: Mark Brinkman
Signature of Registered Agent — Date: 6/14/2012

If signing on behalf of a corporation, an officer must sign: Assistant Secretary
Connie Bryan
Typed or Printed Name

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FLR0N - 07/18/2012 Wolters Kluwer CCH