

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000001135

**FILED**  
**May 05, 2009**  
**Secretary of State**

**Entity Name:** ATLAS COPCO COMPTEC LLC

**Current Principal Place of Business:**

46 SCHOOL ROAD  
VOORHEESVILLE, NY 121869698

**New Principal Place of Business:**

**Current Mailing Address:**

46 SCHOOL ROAD  
VOORHEESVILLE, NY 121869698

**New Mailing Address:**

C/O ATLAS COPCO NORTH AMERICA LLC  
34 MAPLE AVE, PO BOX 2028  
PINE BROOK, NJ 07058

FEI Number: 20-2011466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JUAN GRAJEDA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ATLAS COPCO NORTH AMERICA LLC  
Address: 34 MAPLE AVE  
City-St-Zip: PINE BROOK, NJ 07058

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ATLAS COPCO NORTH AMERICA LLC  
Address: 34 MAPLE AVE, PO BOX 2028  
City-St-Zip: PINE BROOK, NJ 07058

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK COHEN

PRES

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date