MU700000 4359

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	WALK IN		
PICK UP: 1/13/08 Emily			
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	FILING Change of hegistered Agents		
1.	Elsag North America LLC (CORPORATE NAME AND DOCUMENT #)		
2.	(CORPORATE NAME AND DOCUMENT #)		
3.	(CORPORATE NAME AND DOCUMENT #)		
4.	(CORPORATE NAME AND DOCUMENT #)		
5 .	(CORPORATE NAME AND DOCUMENT #)		
6.	(CORPORATE NAME AND DOCUMENT #)		
SPECIA)	LINSTRUCTIONS: File and		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ELSAG NORTH AMERICA LLC
2. The mailing address of the limited liability company is: 205 H Creek Ridge Road
Graensboro, NC 2740b
6/25/2007 3. Date of filing/registration in Florida Mo700000 4359 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State: CT Cofforation System Name 1200 South Pina Island Road Address Plantation FL 33324 City, State and Zip
6. The name and address of the new registered agent and/or office:
Address Plantation FL 3333-4 City, State and Zip 6. The name and address of the new registered agent and/or office: PARACORP INCORPORATED Name 236 East 6th Avenue Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited iability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member)
(Printed or typed name of signec) 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 1-12-2009

ENTITY NAME:

ELSAG NORTH AMERICA LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated