

P02000105811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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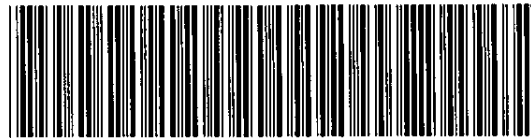
(Business Entity Name)

(Document Number)

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change

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2014 SEP -2 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
9/3/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 277605 4612432

AUTHORIZATION

COST LIMIT : \$ 35.00

A handwritten signature in cursive script, appearing to read "L. Williams", is written over the word "AUTHORIZATION".

ORDER DATE : August 29, 2014

ORDER TIME : 4:13 PM

ORDER NO. : 277605-005

CUSTOMER NO: 4612432

CHANGE OF AGENT

NAME: ULTRARAD CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ULTRARAD CORPORATION  
Name of Corporation

DOCUMENT NUMBER: P02000105811

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:

MaryAnn Maloney  
Name of Contact Person  
UltraRAD Corporation  
Firm/Company  
301 Pinedge Drive  
Address  
West Berlin, NJ 08091  
City/State and Zip Code  
mmaloney@ultraradcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MaryAnn Maloney at 800 527-3779 x 118  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ULTRARAD CORPORATION
2. The principal office address: 301 Pinedge Drive, West Berlin, NJ 08091
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/01/2002 Document number: P02000105811
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)

Philip St. Germain

8990 Bay Colony Drive

Naples, FL 34108

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

MaryAnn Maloney  
Signature of an officer or director

MaryAnn Maloney Controller  
Printed or typed name and title Corp Secretary  
& Treasurer

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.

Corporation Service Company  
By: Courtney Williams Asst. VP  
Signature of Registered Agent

08/29/14  
Date

If signing on behalf of an entity:

Courtney Williams  
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