P12000034642

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
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| |
| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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REFERENCE : 284834 7890454

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AUTHORIZATION ena. COST LIMIT

- ORDER DATE : July 23, 2012
- ORDER TIME : 10:32 AM
- ORDER NO. : 284834-021
- CUSTOMER NO: 7890454

CHANGE OF AGENT

NAME: CIRCOR INSTRUMENTATION TECHNOLOGIES, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

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

| 1. The name of the corporation: | CIRCOR INSTRUMENTATION TECHNOLOGIES, INC | | |
|---|--|--|--|
| 2. The principal office address: | 111 Eight Avenue | | |
| | New York, NY 10011 | | |
| 3. The mailing address (if different): | c/o 25 Corporate Drive, 130 | | |
| | Burlington, MA 01803 | | |
| 4. Date of incorporation/qualification: | 4/11/2012 Document number: P12000034642 | | |

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

 1200 South Pinc Island Road

 Plantation, FL 33324

 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.

icer or director)

Maureen Cathell, Vice President (Printed or typed name and title)

(Date)

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. Thereby confirm that the corporation has been notified in writing of this change.

July 20, 2012

Corporation Service Company

By: ignature of Registered Agent)

If signing on behalf of an entity:

Sylvia Queppet, Assistant Vice President

(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 (8/05)