P22(180)

(Requestor's Name)			
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City/Chaba Zin/Dhana 40			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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Office Use Only

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MTC Technologies, Inc. (doing business (Name	in Florida as MTC Technologies, Inc. of Ohio) of corporation)
DOCUMENT NUMBER: P22480	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	
	ecca Collier
(Nam	ne of person)
	nsley & Lombard Co., L.P.A.
(Name of	f firm/company)
33 W. First	t Street, Suite 600
	Address)
Dayton (Ohio 45402-1289
	te and zip code)
For further information concerning this matter, please	call.
For future information concerning this matter, prease	Cuit.
Rebecca Collier	at (937) 449-5792 (Area code & daytime telephone number)
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

TO:

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

change is subn	e provisions of sections 607.0502, 617.0 nitted for a corporation organized under egistered office or registered agent, or b		s, this statement of in order
		Inc. (doing business in FL as MTC Technol	ogles, Inc. of Ohlo)
2. The principa	al office address: 4032 Linden Avenue,	, Dayton OH 45432	-
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 01/09/1989	Document number: P22480	
	nd street address of the current registered artment of State:	d agent and registered office on file with the	OU MAY
	Rajesh K. Soin		_ 26 💆 .
	625 W. Sunset Bivd.		27 27 AñY ASSI
	Ft. Walton Beach, FL 32548	-	PR I
6. The name ar (if changed)		gent (if changed) and /or registered office	1: 03 STATE FLORIDA
	CT Corporation System		
	8751 W, Broward Blvd.		
	(P.O. Box or person	nal mailbox NOT acceptable)	
	Plantation, FL 33324	· · · · · · · · · · · · · · · · · · ·	
The street add changed will b	ress of its registered office and the stre e identical.	eet address of the business office of its regis	tered agent, as
Such change with board, or the	vas authorized by resolution duly adop he corporation has been notified in wri	sted by its board of directors or by an office iting of the change.	r so authorized by
of Jestely	Kalust	Michael Gearhardt, Sr. VP/CF	
I hereby accept I further agree duties, and I a being filed med been notified i	n wruing oj inis change.	and agree to act in this capacity, tautes relative to the proper and complete the proper and complete the proper and complete the proper and complete the proper agent. Or, and office address, I hereby confirm that the	•
Suce	med meti	2-11-04	
If signing on b	(Signature of Registered August) Challe of an entity: Assistant Sec	(Date) Cretary	
	(Typed or Printed Name)	F: Jef (Capacity)	

* * * FILING FEE: \$35.00 * * *