


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P23372 1. Entity Name XYPLEX, INC.	
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FILED
05 MAY -2 PM 4: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02152005 REINP GR2E098 (6/04) 04-05

Principal Place of Business 295 FOSTER STREET LITTLETON, MA 01460-2016	Mailing Address 295 FOSTER STREET LITTLETON, MA 01460-2016
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 04-2737835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000054290003 05/11/05--01057--003 **308.75 City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jane A. Krayer Jane Krayer, Asst. Vice President 2/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTAN, NOAM <input type="checkbox"/> Delete 20415 NORDOFF ST CHATSWORTH, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGALIT, SHLOMO <input type="checkbox"/> Delete 20415 NORDOFF ST CHATSWORTH, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gonen, Shay 20415 Nordhoff Street Chatsworth, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shidlovsky, Igal 20415 Nordhoff Street Chatsworth, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Janesch, Guenter 20415 Nordhoff Street Chatsworth, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tsui, Daniel 20415 Nordhoff Street Chatsworth, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fischer, Barusch 20415 Nordhoff Street Chatsworth, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 818-773-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #