

ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: August 12, 1997

ORDER TIME : 11:21 AM

ORDER NO. : 493576-035

600002266216--1

CUSTOMER NO: 4384148

CUSTOMER: Ms. Jeannette Guthrie

Hexcel Corporation

Po Box 8181

5794 West Las Positas Blv.

Pleasanton, CA 94588

CHANGE OF AGENT

NAME: HEXCEL CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

DIVISION OF CORPORATION

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 6 Florida Statutes, the undersigned corpor DELAWARE submits the following	ration organi	zed under the laws of	the State of
or registered agent, or both, in the State			5
1a. The name of the corporation is:			
HEXCEL CORPORATION			
1b. Date of incorporation: 09/30/1991		Document number	P35750
2. The name and address of the current registered agent and office: C T CORPORATION SYSTEM			
1200 SO. PINE ISLAND DRIVE PLAN	ITATION	FL	33324
3. The name and address of the new re (P.O. Box Not Acceptable		ent and office:	17VII 1850 160
CORPORATION SERVICE COMPANY		· · · · · · · · · · · · · · · · · · ·	ALG
1201 Hays Street, Tallahassee, Florida 32301			613
The street address of its registered ager	nt and the st	reet address of the bu	siness office
of its registered agent as changed will b	e identical.		F 55 LORN
Such change was authorized by resolut an officer sp authorized by/the board.	ion duly ado	pted by its board of di	□ 11:
Malle (Zentin 4		ney P. Jenks, Jr., A	
SIGNATURE July 30, 1997	Тур	ed or printed name an	d title
DATE			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

CORPORATION SERVICE COMPANY

SIGNATURE STATE Agent

DATE _____ STATE Agent