FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P35821 (8)DOCUMENT # Corporation Name SMC North America Inc. -- SMC-SALES, INC. Principal Place of Business Mailing Address **80 ARKAY DRIVE 80 ARKAY DRIVE** HAUPPAUGE NY 11788 HAUPPAUGE NY 11788 3a. Date of Last Report 3. Date Incorporated or Qualified 10/08/1991 07/05/1995 2. Principal Flace of Business 4. FEI Number Applied For 2a. Mailing Address 11-3078807 26 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 28 23 $Z_{\rm IP}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 SUITE 105 TALLAHASSEE FL 32301 City 85 Zip Code 1. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or protest name of registeren agent and little if applicable (NOTE_Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 13. 12. Change Addition DELETE 1.1 TIFLE TifeF Paul Richman TRIZZINO. VICTOR F. 1.2 NAME NAME 80 Arkay Drive **80 ARKAY DRIVE** 1.3 STREET ADDRESS STREET ADDRESS HAUPPAUGE NY 1. 11788 1.4 CITY - ST - ZIP CiTi - S1 - ZiP Change ☐ Addition 2 1 TITLE ٧D TillE GOLLUB, GERALD E. NAME 2.2 NAME **80 ARKAY DRIVE** STHEET ACCRESS 2 3 STREET ADDRESS HAUPPAUGE NY replacement 24 CITY-ST-ZIP CITY-ST-7IP DELETE ☐ Addition 11"(F 3 1 1/1/16 KAHEN, HAROLD I. 3.2 NAME NAMi 230 PARK AVE., 20TH FL 3.3 STREET ADDRESS STHEET ADDRESS **NEW YORK NY** 3 4 CITY-ST-ZIP CHTY-ST-ZIP Change [] DELETE ☐ Addition 4 1 TITLE Till: £ 200001747992 -03/18/96--01133--014 D'AGOSTINO, ANTHONY M. 4.2 NAME NAME **80 ARKAY DRIVE** STERRET ADDRESS 4.3 STREET ADDRESS ***200.00 HAUPPAUGE NY 44 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - 51 - 716 DELETE Change ☐ Addition THLE 6 1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CHY ST-7IP 14. I do here by certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Anthony M. D'Agostino 2/12/96 (516) 434-4609