Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

RILEY POWER INC.

Certificate of Status 0 Certified Copy Û Page Count 02 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

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

		7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o	
		registered agent, or both, in the State of	
1. The name of	the corporation: RILEY POWER IN	rc.	
2. The principal	l office address: 5 Neponser Street, V	Worcester, MA 01606	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: June 3, 1968	Document number: 82151	0
	d street address of the current regists rument of State:	ered agent and registered office on file	with the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name an (if changed):	-	d agent (if changed) and /or registered o	
	Corporation Service Company		
	1201 Hays Street		PH 2:
	(P.O. Box NOT acc	eptable)	
	Tallahassee, FL 32301	***************************************	_ > 1
The street addras changed will	ess of its registered office and the s	street address of the business office of	f its registered agent,
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by seen notified in writing of the change.	an officer so
TAMES	S BRANT	James Brantl, Vice	
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered age to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and c se obligation of my position as registe in the registered office address, I her lange.	
By: A	n Service Company	2/23/06 (Date)	
(Si	granure of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	wson, Asst. Vice President		
	Typed or Printed Name)		
	* * * FILIN	G 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)