

Filing Fee: \$20.00

ID Number: 106517



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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BUSINESS CORPORATION

**STATEMENT OF CHANGE OF REGISTERED AGENT
BY THE CORPORATION**

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1. The name of the corporation is Perkowitz + Ruth, Inc.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
155 South Main Street, Suite 301 Providence RI 02903
3. The address of the NEW registered office is:
222 Jefferson Boulevard, Warwick RI 02888
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
CT Corporation System
5. The name of the NEW registered agent is:
National Corporate Research, Ltd.
6. The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on _____
(a date not prior to, nor more than 30 days after, filing this statement)

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11/24/09

Kathy A. Butler
Signature of Authorized Officer of the Corporation

Kathy A. Butler, Power of Attorney

Type or Print Name of Authorized Officer

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STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT, Simon Perkowitz of Perkowitz+Ruth, Inc. a California corporation ("the Company"), and of the subsidiary entities shown on the list appended hereto, does hereby appoint Janine Bequette, Lucy Dawson or Kathy Butler, Assistant Secretary of National Corporate Research, Ltd., attorney-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, in the case of entities having managers or other positions of authority rather than officers such as Authorized Person, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earliest to occur of (i) completion and filing of the documents necessary to effect the change in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to National Corporate Research, Ltd.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 12 day of NOV., 2009.

Perkowitz+Ruth, Inc.

BY:


Simon Perkowitz
President & CEO

Subscribed and sworn to before me this _____ day of _____, 2009.

Notary Public

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Addendum

Subsidiary Entities

Jurisdiction	Representation Perkowitz+Ruth, Inc. (CA)	Assumed Name
Alabama	Foreign Representation	
Arizona	Foreign Representation	
Arkansas	Foreign Representation	
Colorado	Foreign Representation	
Delaware	Foreign Representation	
Florida	Foreign Representation	
Georgia	Foreign Representation	
Idaho	Foreign Representation	
Kansas	Foreign Representation	
Louisiana	Foreign Representation	
Maine	Foreign Representation, Assumed Name	Perkowitz+Ruth Architects
Maryland	Foreign Representation	
Massachusetts	Foreign Representation	
Michigan	Foreign Representation	
Missouri	Foreign Representation	
Montana	Foreign Representation	
Nevada	Foreign Representation	
New Hampshire	Foreign Representation	
New Jersey	Foreign Representation	
New Mexico	Foreign Representation , Tax	
North Carolina	Foreign Representation	
Ohio	Foreign Representation	
Oregon	Foreign Representation	
Pennsylvania	Foreign Representation	
Rhode Island	Foreign Representation, Assumed Name	Perkowitz+Ruth Architects
South Carolina	Foreign Representation	
Tennessee	Foreign Representation	
Texas	Foreign Representation	
Utah	Foreign Representation	
Vermont	Foreign Representation	
Virginia	Foreign Representation	
Washington	Foreign Representation	
Wisconsin	Foreign Representation	

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CALIFORNIA JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

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State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this

12 day of NOVEMBER, 2009, by
Date Month Year
(1) SIMON PERKOWITZ
Name of Signer

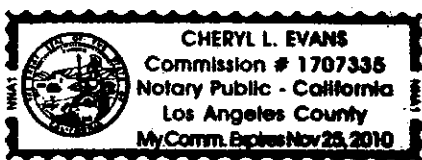
proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature Cheryl L. Evans
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

*Though the information below is not required by law, it may prove
valuable to persons relying on the document and could prevent
fraudulent removal and reattachment of this form to another document.*

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here