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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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 Modular Ther | mal Technologies, Inc. | 1 | |
|----|---|---|-----|--|
| 2. | The address of the registered office as PRESE Secretary of State is: 51 Worthington Road Cranston, RI 02920 | NTLY shown in the corporate records on file with the Rhode Island | | |
| 3. | The address of the NEW registered office is: 935 Roger Williams Way North Kingstown, | | - T | |
| 4. | The name of the registered agent as PRESEN Secretary of State is: Lawrence R Kunkel | ITLY shown in the corporate records on file with the Rigode Island | = | |
| 5. | Raymond T Prochet | | | |
| | apon the ming of this statement, of on | nd the new renistered office, as the case may be, shall become effective | | |
| | (a da | ate 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. | е | |
| Da | te: | tellip W. Mail | | |
| | | Signature of Authorized Officer of the Corporation | _ | |
| | FILED | Philip W. Noel, Chairman | | |
| | | Type or Print Name of Authorized Officer | - | |

Form No. 640 Revised: 12/05

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