Filing Fee: \$20.00

| ID Number: 46079 |
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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

THE PR 20 AM 10: 01

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:

| reg | istered office in the state of Milode Island.  |
|-----|--|
| 1.  | The name of the corporation is Feole Technologies, 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:  |
|     | 50 Kennedy Plaza, Suite 1500, Providence, RI 02903   |
| 3.  | The address of the NEW registered office is: in c/o Feole Technologies, Inc. 2220 Plainfield Pike, Cranston, RI 02921  |
| 4.  | The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  |
|     | Stephen J. Carlotti  |
| 5.  | The name of the NEW registered agent is:   |
|     | Robert A. Feole  |
|     | 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 April 19, 2011  (a date not prior to, nor more than 30 days after, filing this statement)                                      |
|     | (a date not prior to, nor more than 30 days after, filling this statement)   |
| Dat | 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 hereinare true and correct.  Signature of Authorized Officer of the Corporation |
|     | Robert A. Feole  |
|     | Type or Print Name of Authorized Officer   |
|     | APR 20 2011  |
|     | BY 142787 10:01  |

Form No. 640 Revised: 12/05