

## Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Entity ID Number	2. Exact Name of the	pose of changing its registered agent in the State of Rhode Island:  2. Exact Name of the Corporation		
000075089	Altair Corporation	Altair Corporation		
3. The address of the re	gistered office as PRESEN	TLY shown in the records on file with	the RI Department of State:	
Street Address 155 South	Main Street, Suite 300			
City/Town Providence		State RHODE ISLAND	Zip 02903	
4. The address of the NI	<del>-</del>			
Street Address ( <u>NOT</u> a P.C	). Box) 155 South Main Stree	rt, Suite 304		
City/Town Providence		State RHODE ISLAND	Zip 02903	
5. Date when this Stater	ment of Change of Register	ed Agent will be effective: CHECK ON	ILY ONE BOX	
✓ Date received (Upon	on filing)			
Later effective date	(Date must be no more the	an 90 days from the day of filing)		
6. A copy of this Stateme	ent has been mailed to the	corporation (applicable when agent re	cords statement).	
	r, I declare and affirm that I I herein are true and correc	have examined this Statement of Cha t.	nge of Registered Office, and th	at
Name of the Registered Agent/Officer of the Corporation			Date	
	Ralph M. Kinder			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED > JAN 2,3 2018.

FORM 640A - Revised - 01/2017