



Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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SECRETARY OF STATE
 USE ONLY

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000000739		2. Exact Name of the Corporation ADC Liquidating Company	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1 Grove Avenue			
City/Town East Providence		State RHODE ISLAND	Zip 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Robert M. Brady			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 36 Knoll Crest Drive			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
6. The name of the NEW registered agent is: Charles M. Koutsogiane			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation Linda M. Geisser			Date 5/3/23
Signature of Authorized Officer of the Corporation <i>Linda M. Geisser</i>			

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 STAMP
 MAY 11 2023
 BY *AL E ZHYO*