RI SOS Filing Number: 202335544730 Date: 5/11/2023 1:23:00 PM



## Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



1. Entity ID Number	ity ID Number  2. Exact Name of the Corporation			
000000739		ADC Liquidating Company		
3. The address of the rec		ITLY shown in the records on file with t	he RI Department of State	
Street Address 1 Grove A		var one will the records on the warre	ne in Bepartment of Otale.	
City/Town East Providence		State RHODE ISLAND	Zip 02914	
4. The name of the regis	tered agent as PRESENT	LY shown in the records on file with the	RI Department of State	
Robert M. Brady				
5. The address of the NE		<del>, , , , , , , , , , , , , , , , , , , </del>		
Street Address (NOT a P.O	. Box) 36 Knoll Crest Drive	:		
City/Town Cumberland		State RHODE ISLAND	Zip 02864	
6. The name of the <b>NEW</b>	registered agent is:			
Charles M. Koutsogiane				
7. Date when this Stater	nent of Change of Registe	red Agent will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upo	n filing)		•	
Later effective date	(Date must be no more th	an 30 days from the date of filing)		
Under penalty of perjury Corporation, and that all	I declare and affirm that I statements contained her	have examined this Statement of Char ein are true and correct.	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Linda M. Geisser			5/3/23	
Signature of Authorized Linds M.	Officer of the Corporation			

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

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