

NO. 170 P. 1 Page 1 of 1

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|------|
| | | |
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REGISTERED AGENT CHANGE UNITED STATIONERS SUPPLY CO.

| المراجع | |
|---|---------|
| Certificate of Status | 0 |
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1 22 2009 V

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | 2 11 1 | | |
|---|--|--------------------------------|--------|
| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Illinois or to change its registered office or registered agent, or both, in the State of Florida. | | |
| 1. The name of | the corporation: UNITED STATIONERS SUPPLY CO. | | |
| 2. The principal | office address: One Parkway North, Suite 100, Deerfield, IL 60015 | | |
| | | | |
| 3. The mailing | address (if different): | | _ |
| 4. Date of incor | poration/qualification: 05/31/1984 Document number: P02215 | | |
| | d street address of the current registered agent and registered office on file with the atment of State: | | |
| | C T Corporation System | SEI | 8 |
| | 1200 South Pine Island Road | AH | HOV 23 |
| | Plantation, FL 33324 | CRETARY (| 23 |
| 6. The pame an (if changed): | EE, FLO | # :: | |
| | Corporation Service Company | RIC | £- |
| | 1201 Hays Street | 7.7 | |
| | (P.O. Box NOT acceptable) | | |
| | Tallahassee, FL 32301 | | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered the identical. | agent, | |
| Such change wanthorized by t | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. | | |
| I fell | Maureen Cullen, Attorney in Fact (Franced or typed name and gues) | | |
| I hereby accept I further agree of my duties, a document is be corporation ha | the appointment os registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perform I am familiar with and accept the obligation of my position as registered agent. Or ing filed merely to reflect a change in the registered office address, I hereby confirm to seen notified in writing of this change. | rmance , if this hat the | |
| By: ////C | tion Service Company LULL R (JOHN) 11-23-09 photos of Registered Agent) (Date) | | |
| If signing on be | shalf of an entity: | | |
| Michelle R. | Vannoy, Asst. V.P. | | |
| | Typed or Printed Name) | | |
| | | | |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)

APPROVE AND FILED