

F95000005906

Providing Value to Our Customers



GENCO Distribution System

Full Product Life Cycle Management

- Direct Logistics Services
- Reverse Logistics Services

100 Papercraft Park
Pittsburgh, PA 15238

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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*****35.00 *****35.00

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|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
01 NOV - 1 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 1 2001

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GENCO I, INC.
2. The mailing address of the corporation: 100 PAPERCRRAFT PARK
PITTSBURGH, PA 15238
3. Date of incorporation/qualification: DELAWARE Document number: 950125935-25/3710
4. The name and address of the current registered agent and office:

C+ CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box **Not** Acceptable)

MATT GALLAGHER
167 SOUTH EAST 10TH AVE.
HIALEAH, FL 33010

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

JUNE 29, 2001
(Date)

LARRY M. SCHNEEBERGER Sr VICE PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

10/9/01
(Date)

If signing on behalf of an entity:

Matthew J. Gallagher
(Typed or Printed Name)

Facility Manager
(Capacity)

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

FILED
01 NOV - 1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA