2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#838485

Entity Name: PAXAR AMERICAS, INC.

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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150 N. ORANGE GROVE PASADENA, CA 91103

Current Mailing Address: New Mailing Address:

150 N. ORANGE GROVE PASADENA, CA 91103 BARBARA BARTOLETTI PASADENA, CA 91103

FEI Number: 06-0861226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition

Name: HOFFMAN, GEORGE Name: MILLER, SUSAN

Address: 105 CORPORATE PARK DRIVE Address: 150 N ORANGE GROVE BLVD

City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: PASADENA, CA 91103

Title: P () Delete Title: VSD (X) Change () Addition Name: MARTIN, JAMES L Name: RANDALL, R P

Address: 170 MONARCH LANE Address: 150 N ORÂNGE GROVE BLVD
City-St-Zip: MIAMISBURG, OH 45342 City-St-Zip: PASADENA, CA 91103

Title: SD () Delete Title: VPTD (X) Change () Addition

Name:STONE, ROBERT SName:RODRIGUEZ, KARYN EAddress:105 CORPORATE PARK DRIVEAddress:150 N ORANGE GROVE BLVDCity-St-Zip:WHITE PLAINS, NY 10604City-St-Zip:PASADENA, CA 91103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R P RANDALL VSD 02/08/2008