# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 07, 2007**
**Secretary of State**

DOCUMENT# 845104

**Entity Name:** DIXON TICONDEROGA COMPANY

**Current Principal Place of Business:**

195 INTERNATIONAL PARKWAY
HEATHROW, FL 327465036 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 958413
HEATHROW, FL 327958413 US

**New Mailing Address:**

**FEI Number: 23-0973760** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: ASTA, RICHARD A
Address: 195 INTERNATIONAL PARKWAY
City-St-Zip: HEATHROW, FL 32746 US

Title: CS ( ) Delete
Name: FOSTER, HOLLY
Address: 195 INTERNATIONAL PARKWAY
City-St-Zip: HEATHROW, FL 32746

Title: EVP ( ) Delete
Name: DAHLBERG, LENARD
Address: 195 INTERNATIONAL PARKWAY
City-St-Zip: HEATHROW, FL 32746

Title: VP ( ) Delete
Name: GRAINGER, GARRETT
Address: 195 INTERANATIONAL PARKWAY
City-St-Zip: HEATHROW, FL 32746

Title: EVP ( ) Delete
Name: CURRIE, DON
Address: 195 INTERNATIONAL PARKWAY
City-St-Zip: HEATHROW, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DOF ( ) Change (X) Addition
Name: REZENDE, ROGER
Address: 195 INTERNATIONAL PARKWAY
City-St-Zip: HEATHROW, FL 32746

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: HOLLY FOSTER CS 06/07/2007

Electronic Signature of Signing Officer or Director — Date