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May 22 1997 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 857469 (1) 1. Corporation Name CELLOFOAM NORTH AMERICA INC.					
Principal Place of Business 1961 INDUSTRIAL BLVD. P.O. BOX 406 CONYERS GA 30207 US			Mailing Address P. O. BOX 406 CONYERS GA 30207-0406 US		
2. Principal Place of Business 21 581 SIGMAN ROAD Suite, Apt. #, etc. 22 SUITE 500 City & State 23 CONYERS GA Zip 24 30208		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 ROCKDALE		3. Date Incorporated or Qualified 08/19/1983 3a. Date of Last Report 04/16/1996 4. FEI Number 52-1201355 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P. O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE ☐ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE ☐ DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE ☐ DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE ☐ DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE ☐ DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE ☐ Change ☐ Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE ☐ Change ☐ Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE ☐ Change ☐ Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE ☐ Change ☐ Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY - ST - ZIP 2.21 TITLE ☐ Change ☐ Addition 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY - ST - ZIP 2.25 TITLE ☐ Change ☐ Addition 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY - ST - ZIP 2.29 TITLE ☐ Change ☐ Addition 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY - ST - ZIP 2.33 TITLE ☐ Change ☐ Addition 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY - ST - ZIP 2.37 TITLE ☐ Change ☐ Addition 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY - ST - ZIP 2.41 TITLE ☐ Change ☐ Addition 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY - ST - ZIP 2.45 TITLE ☐ Change ☐ Addition 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY - ST - ZIP 2.49 TITLE ☐ Change ☐ Addition 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY - ST - ZIP 2.53 TITLE ☐ Change ☐ Addition 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY - ST - ZIP 2.57 TITLE ☐ Change ☐ Addition 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY - ST - ZIP 2.61 TITLE ☐ Change ☐ Addition 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY - ST - ZIP 2.65 TITLE ☐ Change ☐ Addition 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY - ST - ZIP 2.69 TITLE ☐ Change ☐ Addition 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY - ST - ZIP 2.73 TITLE ☐ Change ☐ Addition 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY - ST - ZIP 2.77 TITLE ☐ Change ☐ Addition 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY - ST - ZIP 2.81 TITLE ☐ Change ☐ Addition 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY - ST - ZIP 2.85 TITLE ☐ Change ☐ Addition 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY - ST - ZIP 2.89 TITLE ☐ Change ☐ Addition 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY - ST - ZIP 2.93 TITLE ☐ Change ☐ Addition 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY - ST - ZIP 2.97 TITLE ☐ Change ☐ Addition 2.98 NAME 2.99 STREET ADDRESS 2.100 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.					



SIGNATURE: *Connie Pinson* *CONNIE PINSON* 4/30/97 1/22/97 31-88

CR2E034 (9/96)