F0100003104

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INC	P.O. Box 37066		venue . Tallahassee, Fl (850) 222-2666 or (orida 32303 800) 969-1666 . Fax (850) 222-1666
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ECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

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

change is submi	provisions of sections 607.0502, 617.0502, 607. tted for a corporation organized under the laws gistered office or registered agent, or both, in the	• • • • • • • • • • • • • • • • • • • •				
1. The name of t	he corporation: Rexam Intellectual Property	Holdings Company				
	office address: 4201 Congress Street, Suite 3					
	Charlotte, NC 28209					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 6-6-2001 D	ocument number: F01000003104				
	I street address of the current registered agent and timent of State:	d registered office on file with the				
	Corporation Service Company					
	1201 Hays Street	7.6				
	Tallahassee, FL 32301-2525	THE THE PARTY OF T				
Tallahassee, FL 32301-2525 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
-	NRAI Services, Inc.					
	2731 Executive Park Drive, Suite 4					
(P.O Box or personal mailbox NOT acceptable)						
	Weston, FL 33331					
The street addre	ess of its registered office and the street address identical.	s of the business office of its registered agent, as				
Such change wa	as authorized by resolution duly adopted by its e corporation has been notified in writing of th	board of directors or by an officer so authorized by e change.				
- Lecen	A an rat of	Peggy Harrington - Assistant Secretary (Printed or typed name and title)				
- veing mea mer	ewriting of this change.	e to act in this capacity, lative to the proper and complete performance of my position as registered agent. Or, if this document is address, I hereby confirm that the corporation has				
by: Ch	ule Coole	/-25-06				
If signing on be	(Signature of Registered Agent) Chalf of an entity:	(Date)				
Charles Coyle		Assistant Secretary				
-	(Typed or Printed Name)	(Capacity)				

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