F03000003743

(Requestor's Name)						
(Address)						
(146,1555)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
<u></u>						

Office Use Only



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07/24/03--01026--003 **78.75





Suite 2800 1100 Peachtree St. Atlanta GA 30309-4530 t 404 815 6500 f 404 815 6555 www.KilpatrickStockton.com

July 23, 2003

direct dial 404 815 6328 direct fax 404 541 3247 KHowley@KilpatrickStockton.com

VIA FEDERAL EXPRESS

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Brambles Services, Inc.

Dear Sir or Madam:

Enclosed are duplicate original Applications for Certificate of Authority on behalf of the above referenced corporation to be filed with your office. Also enclosed are a certificate of good standing issued by the State of Delaware and our check in the amount of \$78.75 to cover the required filing fee. Please return evidence of filing to my attention once available. I have enclosed a self-addressed stamped envelope for your convenience.

If you have any questions or problems, please contact me at (404) 815-6328. Thank you for your assistance in this matter.

Very truly yours,

Kelly A. Howley

Paralegal

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Brambles Serv							
words or abbre	oration; must include the word "INCORPOR eviations of like import in language as will cle	early	indicate that it is a corporation instead				
natural person	or partnership if not so contained in the name	e at p	resent.)				
2. Delaware		3.	Applied for				
(State or countr	y under the law of which it is incorporated)		(FEI number, if appli	cable)			
4. 06-30-	- 03	5. p	erpetual		\$14 K		
(Da	ate of incorporation)		(Duration: Year corp. will cease to	exist or "perpetua	1")		
6. upon qualifica	ation				16. C.		
	sacted business in Florida. If corporation has		ransacted business in Florida, insert 607.1502 and 817.155, F.S.)	"upon qualification	ATTO STATE OF THE PARTY OF THE		
7. 555 North Point Center East, Third Floor, Alpharetta, GA 30022							
	(Principal office	addre	:55)				
555 North Poir	nt Center East, Third Floor, Alpharetta, GA 3	30022					
	(Current mailing	addre	ess)		-		
8. holding compa	any		- 4	 			
(Purpose	e(s) of corporation authorized in home state of	or cou	ntry to be carried out in state of Flor	ida)			
9. Name and st	reet address of Florida registered age	nt: (P.O. Box or Mail Drop Box <u>NO</u>	<u>r</u> acceptable)			
Name:	C T Corporation System				-		
Office Address:	1200 South Pine Island Road,		<u> </u>	, <u>w</u> w.			
	Plantation,		, Florida 33324	•	, =		
	(City)		(Zip code)				
10. Registered	agent's acceptance:						

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

> Allan Farnell, Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman: see attached			
Address:			· · · · · · · · · · · · · · · · · · ·
•			<u></u>
Vice Chairman:			
Address:			
Director:			
Address:		·	300 14
Director;			7894
Address:			
President: see attached Address: Vice President: Address:		•	
Secretary:			
Address:			·
Treasurer:			
			75_
NOTE: If necessary, you may attach and 13. (Signature of Chairman)		ation listing additional	
14. T. Douglas Duskin, Vice President			
	ed name and capacity of p	person signing applicat	iion)

BRAMBLES SERVICES, INC.

Officers and Directors

BRAMBLES SERVICES, INC.							
Officers and Directors							
Name:	Title:	Address:					
Melissa L. Schmidt	President, Vice President - Tax & Director	Address: 555 North Point Center East Third Floor Alpharetta, GA 30022					
T. Douglas Duskin	Vice President, Secretary, Treasurer & Director	555 North Point Center East Third Floor Alpharetta, GA 30022					
Robert V. Farrell	Director	1 Macquarie Place Level 40, The Gateway Sydney, NSW 2000 Australia					
Lorraine Young	Director	57-59 St. James' Street London, SW1ALD, England					
Robin Cleavenger	Assistant Secretary	555 North Point Center East Third Floor Alpharetta, GA 30022					
Kelly Howley	Assistant Secretary	1100 Peachtree Street Suite 2800 Atlanta, GA 30309					
Daniel T. Falstad	Assistant Secretary	1100 Peachtree Street Suite 2800 Atlanta, GA 30309					

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAMBLES SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAMBLES SERVICES, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2003.





Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2502832

DATE: 06-30-03