2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000001581

City-St-Zip:

CENTER LINE, MI 48015

Entity Name: WHITLAM LABEL CO., INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3030 WENTWORTH WAY 1345 AMESBURY COURT TARPON SPRINGS, FL 34689 US NEW PORT RICHE, FL 34655 US **Current Mailing Address: New Mailing Address:** 3030 WENTWORTH WAY 24800 SHERWOOD TARPON SPRINGS, FL 34689 US CENTER LINE, MI 48015 US FEI Number: 38-1855016 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: ANDREANI, SANDRA ANDREANI, SANDRA 3030 WENTWORTH WAY 1345 AMESBURY COURT TARPON SPRINGS, FL 34689 NEW PORT RICHE, FL 34655 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: SANDRA ANDREANI 04/30/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition SHAIEB, RICHARD J Name: Name: 24800 SHERWOOD Address: Address: City-St-Zip: CENTER LINE, MI 49015 City-St-Zip: Title: SEC Title: () Delete () Change () Addition Name: SHAIEB, JOHN P Name: 24800 SHERWOOD Address: Address: CENTER LINE, MI 48015 City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition SHAIEB, GEORGE ANTHONY Name: Name: 24800 SHERWOOD Address: Address: City-St-Zip: CENTER LINE, MI 48015 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SHAIEB, JAMES F Name: Name: 24800 SHERWOOD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: GEORGE ANTHONY SHAIEB TRES 04/30/2002