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To:

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From:

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13/NEU 37

Account Name	:	BUSINESS FILINGS
Account Number	:	105256001620
Phone	;	(608)827-5300
Fax Number	:	(608)827-5501



# **REGISTERED AGENT CHANGE**

### GREEN BAY PACKAGING INC.

Certificate of Status	0
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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

SUBJECT: Green Bay Packaging Inc.

(Name of corporation)

DOCUMENT NUMBER: F94000005864

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brittani Phelps

(Name of contact person)

**Business Filings Incorporated** 

(Firm/Company)

8025 Excelsior Dr., Ste. 200

(Address)

Madison, WI 53717

(City/state and zip code)

For further information concerning this matter, please call:

Brittani Phelps	at (	608	827-5300 ext. 269
(Name of contact person)	- 7	Area code a	& daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)



## H000001338563

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Wisconsin</u> \_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Green Bay Packaging Inc.

2. The principal office address: 1700 N. Webster Ct., Green Bay, Wisconsin 54302

3. The mailing address (if different):\_

- 4. Date of incorporation/qualification: 11/14/1994 Document number: F94000005864
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**Business Filings Incorporated** 

1203 Governors Square Blvd, Suite 101

(P.O. Box NOT acceptable)

Tallahassee, Florida 32301-2960

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the composition has been notified in writing of the change.

(Signature of an officer or director)

Scott Wochos, Senior Vice-President (Frinted or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

ignature of Registered Agent)

If signing on behalf of an entity:

Mark Schiff, AVP, Business Filings Incorporated

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 06 MAY 15 AM 9: 41