F96000002712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

RA/PD
10/26/04

FILING TRANSMITTAL FORM

TO: **Division of Corporations**
Florida Department of State
409 E. Gaines Street
Tallahassee, Florida 32314

FROM: **JOANNE CASWELL - CONTINENTAL CORPORATE SERVICES, INC.**
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 973-542-0300 OR 800-300-5067
FAX: 973-542-0313
EMAIL: JCASWELL@CCSLEGAL.COM

DATE: **October 8, 2004**

RE: **PANOLAM INDUSTRIES, INC.**

REFERENCE: 8151C

PLEASE FILE/SUBMIT THE ATTACHED:

XXX Change of Agent **(CHECK ATTACHED)**

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

XXX Other *(specify): USUAL EVIDENCE OF FILING*

SEND VIA: Regular Mail ___X__
(IN THE STAMPED SELF-ADDRESSED ENVELOPE PROVIDED)

SPECIAL INSTRUCTIONS:
PLEASE FILE IMMEDIATELY UPON RECEIPT AND FORWARD EVIDENCE OF SUCH FILING IN THE ENCLOSED ENVELOPE. ALSO, PLEASE DO NOT HESITATE TO CALL ME AT THE FOLLOWING TOLL-FREE NUMBER SHOULD YOU HAVE ANY QUESTIONS (800-300-5067). THANKS!!!

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 DELAWARE *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: PANOLAM INDUSTRIES, INC.

2. The principal office address: 20 PROGRESS DRIVE, SHELTON, CT 06484

3. The mailing address (if different):

4. Date of incorporation/qualification: 5-30-96 Document number: F96000002712

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324

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

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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 corporation has been notified in writing of the change.

Jeffrey M. Muller — JEFFREY MULLER SECRETARY

(Signature of an officer or director) (Printed 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.

NRAI Services, Inc.

by: — 10-12-04

(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Joanne Caswell — Asst. Sec.

(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314