

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

: (850)558-1575 Fax Number



REGISTERED AGENT CHANGE

ANCHOR GLASS CONTAINER CORPORATION

Certificate of Status	0
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ASK 10/26/0

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Delaware der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: ANCHOR GLASS CONTAINER CORPORATION	_
	al office address:	-
3. The mailing	address (if different):	_
4. Date of incor	reporation/qualification: 01/08/1997 Document number: F9700000126	-
	nd street address of the current registered agent and registered office on file with the artment of State:	
	C T Corporation System	
	1200 South Pine Island Road	7
	1200 South Pine Island Road Plantation, FL 33324 Plantation, FL 33324 Plantation of the new registered agent (if changed) and /or registered office	
6. The name and (if changed):		ニニア
	Corporation Service Company	
	1201 Hays Street (P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent,	
Such change we authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signati	Dulalk Rochelle F. Walk Secretary Autre of an officer or director)	
I hereby accept I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	
By: Sa	riginature of Registered Agent) (Date)	
-	· · · · · · · · · · · · · · · · · · ·	
	ehalf of an entity:	
	ppet, Asst. VP (Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	