F98000005191

Office Use Only



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OZ NOV -6 MITE ST



ACCOUNT NO. : 07210000032

REFERENCE : 807730

130377.

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: November 5, 2002

ORDER TIME : 10:44 AM

ORDER NO. : 807730-035

CUSTOMER NO: 4305775

CUSTOMER: Joni Harder, Paralegal

Godfrey & Kahn

780 North Water Street

Milwaukee, WI 53202-3590

CHANGE OF AGENT

NAME: PARTY CONCEPTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

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

	ne provisions of sections 607.0502, 617.05		Florida Statutes,
•	ed corporation organized under the laws of llowing statement in order to change its re		agent, or both, in
the State of Flo	orida.		
1. The name o	f the corporation:		
PARTY CON	CEPTS, INC.		
2. The mailing	address of the corporation: 4455 West	Lawrence Street, P.O. E	30x 2789,
3. Date of inc	orporation/qualification: September 16, 1	.998 Document number:	F98000005191
4. The name a	nd address of the current registered agent a	nd office:	
	CT Corporation System		For E
	1200 South Pine Island Road		18
	Plantation, FL 33324		5
5. The name a	nd address of the new registered agent (if c (P. O. Box Not Ac		ce (if shanged)
	Corporation Service Company		987
	1201 Hays Street		7
	Tallahassee, FL 32301		
The street add agent, as chan	lress of its registered office and the street aged, will be identical.	address of the business office	of its registered
Such change	was authorized by resolution duly adopted the board.	by its board of directors or b	y an officer so
Ataine	n I Vildlaux +	10/31	102
(Signatur	e of an officer, chairman or vice chairman of the board	(Date)
Gh C Y7-7	Abovet Cogretavi		
steven G. vei	dhorst, Secretary (Printed or typed name and title)	······································	
corporation, l I further agre performance registered ago		red agent and agree to act in ites relative to the proper and	i this capacity. d complete
	Service Company	//-5-02 (Date)	
J.	(Signature of Registered Agent)	(Date)	
If signing on bel	nalf of an entity:		
Sylvia J. Qu	The state of the s	Assistant Vice Pre	sident
	(Typed or Printed Name)	(Capacity)	

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