## F99000001663

(Requestor's Name)						
(Ac	ldress)					
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(Cit	y/State/Zip/Phon	a #1)				
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T PICK-UP	☐ WAIT	MAIL				
	LJ *****					
(Business Entity Name)						
(Do	cument Number)	· <del></del>				
Certified Copies	Certificates	of Statue				
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Special Instructions to	Filing Officer:					
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9/19/03 RESERVED



ACCOUNT NO. : 072100000032

REFERENCE : 243810 7311393

COST LIMIT S 35.00

ORDER DATE: September 19, 2003

ORDER TIME: 7:57 AM

ORDER NO. : 243810-020

CUSTOMER NO: 7311393

CUSTOMER: Ms. Ami Kothari

Jarden Corporation

Suite B302

555 Theodore Fremd Avenue

Rye, NY 10580

CHANGE OF AGENT

NAME: ALLTRISTA PLASTICS\_CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## The statement of change of registered office or registered agent or both for corporations

Pursuant to th	he provisions of sections 607.0502	?, 6 <del>17</del> .0502,	607.1508, or 61	7.1508, F	lorida Statutes,
this statement	of change is submitted for a corpor	ration organi	zed under the la	ws of the S	tate of
Indiana	in order to change its reg	istered office	or registered ag	gent, or bo	oth, in the State
of Florida.					
1. The name o	f the corporation: ALLTRISTA PLAS	TICS_CORPOR	ATION .		
2. The principa	al office address:		<del></del>	<u> </u>	
555 Theod	dore Fremd Ave., Ste. B302, Rye	, NY 10580		*-	50 B
3. The mailing	address (if different):				SE SE T
			·	÷	55 0
4. Date of inco	orporation/qualification: 03/29/19	99	Document num	ber: <u>F9900</u>	0001663
	nd street address of the current regi- artment of State:	stered agent a	and registered of	fice on file	with the
	C T Corporation System	.=			
	1200 South Pine Island Road			-	
	Plantation, FL 33324				
6. The name a changed):	and street address of the new regi-	stered agent	(if changed) and	l /or regis	tered office (if
	Corporation Service Company				
	1201 Hays Street (P.O. Box or personal	mailbox NOT acc	eptable)		
	Tallahassee, FL 32301	-7 ·	·		
The street add agent, as change	ress of its registered office and the ged will be identical.	street addre	ss of the busines	s office of	its registered
Such change v authorized by	vas authorized by resolution duly a the board, or the corporation has b				
(Signature of an offic	er, chairman or vice chairman of the board)	Maureen	Cullen, Attorne (Printed or typed name	ay in Factand title)	<u> </u>
I further agree performance o registered age	ot the appointment as registered age to comply with the provisions of a first	all statutes re h and accept iled merely to	elative to the pro the obligation o reflect a chang	per and co f my posit e in the re	ion as gistered
theyete	(Signature of Registered Agent)	09/16/2	003 (Date)		
If signing on beh		 _	(5300)	· <del>-</del>	
Elizabeth A.		AsstVi	ce President	<u></u>	
	(Typed or Printed Name)		(Canacity)		

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