F99000002544

(Requestor's Name)	
(Address)	20
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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RA Change 1/3/03

UNITED CORPORATE SERVICES, INC.

serving the legal profession

Ten Bank Street, Suite 560

White Plains, New York 10606

Telephone (914) 949-9188

Toll Free (800) 899-8648

Telefax (914) 949-9618

December 30, 2002

Re: TUSCARORA INCORPORATED

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find the change of agent documents for the above together with our check to the Secretary of State for \$35.00.

Please file forwarding a <u>STAMPED</u> copy as appropriate evidence to the attention of the undersigned, via regular mail. <u>NO CERTIFIED COPY IS REQUIRED</u>.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-800-899-8648 for specific instructions.

Thank you.

Sincerely,

Maria R. Fischetti Project Manager

MRF:nmm Enclosure

Our ID # TUSCA01592

TRANSMITTAL LETTER

SUBJECT: TUSCARORA INCORI	PORATED (Name of corporation	n	
_	•	11)	
DOCUMENT NUMBER: F9900	00002544		
The enclosed Statement of Change	of Registered Office/Age	nt and fee are sul	omitted for filing
Please return all correspondence co	oncerning this matter to the	e following:	
Maria R. Fischetti			
(Name of per	son)	•	-3
United Corporate Services, Inc.			
(Name of firm/co	mpany)		
10 Bank Street, Suite 560			
(Address)		· · ·	•
White Plains, New York 10606			
(City/state and zi	p code)		
For further information concerning	this matter, please call:		
Maria R. Fischetti	at (<u>800</u>)	899-8648 & daytime telepho	
(Name of person)	(Area code	& daytime telepho	one number)
Enclosed is a \$35.00 check made p	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 Corporation 409 E. Gaines Street Tallahassee, FL 32399	ns	

TO: Amendment Section Division of Corporations

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

Pursuant to th	e provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.150	98, Florida Statutes,	
	of change is submitted for a corporat	ion organized under the laws of	the State of	
Pennsylvania	in order to change its registe	ered office or registered agent,	or both, in the State	
of Florida.				
1. The name of	the corporation; TUSCARORA INCO	DRPORATED		
2. The principa	l office address: 800 Fifth Avenue, N	ew Brighton, Pennsylvania 15066		
3. The mailing	address (if different); 500 Baldwin To	ower, Eddystone, Pennsylvania 19	9022	
4. Date of inco	rporation/qualification: 5/18/99	Document number:	F99000002544	
	nd street address of the current registe artment of State:	red agent and registered office of	on file with the	
	CT Corporation System			
	1200 South Pine Island Road			
	Plantation, Florida 33324		3 日日 3 日日	
6. The name a changed):	nd street address of the new registe United Corporate Services, Inc.	ered agent (if changed) and /or	registered office (if	
	9200 South Dadeland Blvd., Suite 50	8		
	(P.O. Box or personal ma	nilbox NOT acceptable)		
	Miami, Florida 33156			
The street addragent, as change	ress of its registered office and the st ged will be identical.	reet address of the business off	ice of its registered	
Such change wanthorized by t	as authorized by resolution duly add the board, or the corporation has bee	-		
(Signature of an office	ar, chairman or vice chairman of the board)	Richard Piechowski, Authorized	IPerson-Asst.Secreta	
I juriher agree performance of registered agai office address.	t the appointment as registered ager to comply with the provisions of all f my duties, and I am familiar with a nt. Or, if this document is being filed I hereby confirm that the corporation	nt and agree to act in this capac statutes relative to the proper of and accept the obligation of my d merely to reflect a change in on has been notified in writing o	city. and complete position as the registered of this change.	
/ nus	8	December 5, 2002		
7 "	Signature of Registered Agent)	(Date)		
If signing on beha Michael A. Barr	•	President		
	Typed or Printed Name)	(Capacity)		

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