## F99000003397

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Considerations to Filling Officers
Special Instructions to Filing Officer:
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## CORPORATE ACCESS,

## "When you need ACCESS to the world"

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

	provisions of sections 607.0502, 617.0502, 6 tted for a corporation organized under the l		is statement of in order
to change its reg	ristered office or registered agent, or both, it	n the State of Florida.	
1. The name of t	he corporation: Rexam Consumer Plastic	es Inc.	
2. The principal	office address: 4201 Congress Street, Sui	te 340	
· · · · · · · · · · · · · · · · · · ·	Charlotte, NC 28209		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 6-30-1999	Document number: F9900003397	
	street address of the current registered agentment of State:	t and registered office on file with the	**************************************
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301-2525		6
6. The name and (if changed):	street address of the new registered agent (i	f changed) and /or registered office	三十二二
	NRAI Services, Inc.		河界 里 口
	2731 Executive Park Drive, Suite 4		
	(P.O. Box or personal mailt	ox NOT acceptable)	受刑」
···· A	Weston, FL 33331		
The street addre	ss of its registered office and the street additional.	dress of the business office of its registere	d agent, as
Such change wa	as authorized by resolution duly adopted by corporation has been notified in writing of	y its board of directors or by an officer so if the change.	authorized by
1887	ngrature of an oxyger or director)	Peggy Harrington - Assistant Se (Printed or typed name and title	<del>)</del>
I hereby accept I further agree i duties, and I am heing filed mere been notified in	the appointment as registered agent and a to comply with the provisions of all statute, familiar with and accept the obligation of the registered offi writing of this change.	gree to act in this capacity. § relative to the proper and complete perf f my position as registered agent. Or, if to ice address, I hereby confirm that the corp	ormance of my his document is poration has
NRAI Services by: Cha	Signature of Registered Agent)	/-25-06 (Date)	
If signing on be	half of an entity:		
Charles Coyle		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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