ANGE O'BAARY & BOLDT P.A. O'RNEW (LAW) SUM UST CENS USUITE FOR FORT LAUDERDALE, FLORIDA 33301

TELEPHONE: (954) 766-9930 FACSIMILE: (954) 766-9937 www.angelo-law.com

> MIAMI OFFICE 1950 MIAMI CENTER 201 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131

SCOTT W. HOFFMAN, ESQUIRE swh@angelo-law.com

August 31, 2001

VIA U.S. MAIL
Department of State
409 East Gaines Street

Tallahassee, Florida 32399

Re:

CORP. BOX, L.L.C., IC INDUSTRIES, INC., MIAMI CORRUGATED CONTAINER CORP., (the "Companies")

To Whom it May Concern:

Please find enclosed Check No. 3011 in the amount of \$95.00 as well as the State entrof Change of Registered Office of Registered Agent for the above-referenced Companies.

Please contact me if you have any questions.

Sincerely,

Scott W. Hoffman

SWH:pbo Enclosure

196/1008

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submitting agent, or both, in the State	ns of sections 608.416 os the following statement te of Florida.	or 608.508, Florida Statu in order to change its re	tes, the undersigned limited gistered office or registered
1. The name of the limite	ed liability company is: C	orp. Box, L.L.C.	
2. The mailing address of	f the limited liability comp	pany is: <u>P.O. Box 728, M</u>	ineola, NY 11501
		<u> </u>	<u> </u>
September 24, 1996	<u></u>	<u>L96000001008</u>	
3. Date of filing/registrat		4. Document n	
5. The name of the register Florida Department of	ered agent and the register State:	ed office address as shown	on the records of the
	Rodriguez & Angelo, P.	A	
		ame	, ·
	Suntrust Center, Ste. 85	0, 515 East Las Olas Blvd	•
	Ad	dress	
	Fort Lauderdale, Florida		and the second s
	City, Sta	ite and Zip	_ = 58 9
6. The name and address of	of the new registered agen	t and/or office:	FIL SEP -4 CRETAR LANASS
	Angelo, Barry & Boldt	P.A	
	Nar	ne	ILED ARY OF SSEE, F
	Suntrust Center, Ste. 850	, 515 East Las Olas Blvd.	<i>-</i> 1100 · ·
	Florida street address (P	O. Box NOT acceptable)	≘=
	Fort Lauderdale, F	L 33301	ATE RIDA
	City, State	and Zip	-
the operating agreement of	the registered agent will be by confirmed that the charlest liability company or as of the limited liability comp	e identical. Or, in the case	s of the registered office e of a Florida limited
(Signature of a member or authorize	ed representative of a member)	·	• •
Harvey J. Rothstein			
(Printed or typed name of signee)			· · · · · · · · · · · · · · · · · · ·
/ // // //	ntment as registered agent of all statutes relative to accept the obligations of its document is being filed that the limited liability co	and agree to act in this co the proper and complete p my position as registered to merely reflect a chang impany has been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.
(Signature of Registered Agent)	as les		
Division of Corporations, P.O. Box 6327, Tallahassee, FL, 32314			

FILING FEE: \$25.00

INHS18(10/99)