## 

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

Office Use Only





ACCOUNT NO. : 072100000032

REFERENCE: 481656

170472A

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 8, 2004

ORDER TIME : 9:36 AM

ORDER NO. : 481656-035

CUSTOMER NO: 170472A

CUSTOMER: Jean M. Erhardt

Clingen, callow, Wolfe &

Suite 1750

2100 Manchester Road Wheaton, IL 60187

CHANGE OF AGENT

NAME: GLASS AMERICA, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: GLASS AMERICA, L.L.C.

| 1. The name of the lin                       | iited liability company is: 💆  | JLASS AME    | RICA, L.L.C.                      |                       |  |
|--|--------------------------------|--------------|-----------------------------------|-----------------------|--|
| 2. The mailing address                       | s of the limited liability com | pany is: _   |                                   |                       |  |
| 2100 Manchester                              | Road, Suite 1750, Whea         | aton, IL     | 60187                             |                       |  |
|  |                                |              |                                   |                       |  |
| January 13, 2000                             |                                | -            | M0000000083                       |                       |  |
| 3. Date of filing/registration in Florida    |                                |              | <ol><li>Document number</li></ol> |                       |  |
| 5. The name of the reg<br>Florida Department |                                |              |                                   | on the records of the |  |
| CT Corporation System                        |                                |              |                                   | - 45 8                |  |
| Name   |                                |              |                                   |                       |  |
| 1200 South Pine Island Road                  |                                |              |                                   |                       |  |
| Address                                      |                                |              |                                   |                       |  |
| Plantation, FL 33324                         |                                |              |                                   |                       |  |
|  | City, S                        | tate and Zip | 9                                 |                       |  |
| 6. The name and addre                        | ss of the new registered age   | nt and/or of | ffice:                            | 8: OH                 |  |
|  | Corporation                    | service C    | ompany                            | P P                   |  |
|  | Na                             | ame          |                                   |                       |  |
|  | 1201 Ha                        | ys Street    |                                   |                       |  |
|  | Florida street address (       | P.O. Box N   | (OT acceptable)                   |                       |  |
|  | Tallahassee                    | FL           | 32301                             |                       |  |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

City, State and Zip

(Signature of a member or authorized representative of a member)

Brian T. Clingen, Manager of BP Capital Management, L.L.C.,

which is Manager of Glass America, L.L.C.

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Marva L. Williams, Assistant Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25,00