2000 UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE DOCUMENT #M98/ 298 DIVISION OF CORPORATIONS 1. Entity Name IMPERIAL HOME DECOR GROUP (US) LLC 00 JUL 14 PM 1:25 Principal Place of Business Mailing Address 23645 MERCANTILE ROAD 23645 MERCANTILE ROAD CLEVELAND, OH 44122 CLEVELAND, OH 44122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0370302 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C.T. CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 500003327185 FILE NOWILL FEE IS \$50.00 -07/19/00---01012--022 Make Check Payable to Department of State 秦来来来来5门。[[[未来来来50。00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Change Addition NAME THE IMPERIAL HOME DECOR GROUP, INC. NAME STREET ADDRESS STREET ADDRESS 23645 MERCANTILE ROAD CITY - ST - ZIP CITY - ST - ZIP CLEVELAND, OH 44122 TITLE TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE Change NAME NAME . STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition TITLE . Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete πιε Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition ΠLE Delete Спалде NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

for Impenal Home Decor Grap, Inc

OF SIGNING MANAGING MEMBER OR MANAGER

Schile Toyl

216-378-5507

Daytime Phone #

SIGNATURE: