ncipal Place (00 WEST MAR 1911SVILLE KY Principal Plac	KET STREET 40201	Mailing Address					FILED Apr 30, 2002 8:00 am Secretary of State					
00 WEST MAR DUISVILLE KY Principal Plac	KET STREET 40201	12243 BRANFORD STREE	J				04-30-2002 9	9000 3 00)5 ****5().00		
		12243 BRANFORD STREET										
Suite, Apt. #,	ce of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI	4. FEI Number 95-4716163 Applied For						
Zip	Country	Zip	Count	try	5. Cert	ificate of S	Status Desired	- 	\$5.00 Ad Fee Require			
	6. Name and Address of Current	Registered Agent		Name	7Nam	e and Ad	dress of New Re					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			-	Street Address (P.O. Box Number is Not Acceptable)								
			-	City			, <u>, , , , , , , , , , , , , , , , , , </u>	FL	Zip Coc	le		
The above na	med entity submits this statement fo	r the purpose of changing its	registere	d office or regis	stered agent,	or both, in	the State of Flor					
NATURE	nature, typed or printed name of registered egent :	FILE NO Make Check Pa	OWIII F yable to	Agent signature requ EE IS \$50.0 Department y 1, 2002	0	ling)		DATE				
	MANAGING MEMBE		10.	y 1, 2002			ADDITIONS/C	HANGES	-			
E ET ADDRESS	MGRM PACKAGING SERVICE CORPOF 1100 WEST MARKET STREET LOUISVILLE KY 40201	Delete	TITLE NAME STREET CITY-S	T ADDRESS					Change	Addition		
E ET ADDRESS	P THACKER, D.R. 1100 WEST MARKET STREET LOUISVILLE KY 40201	Delete	TITLE NAME STREET CITY-S	T ADDRESS					Change	Addition		
E ET ADDRESS	V Johnson, Lori M 12243 Branford Street Sun Valley ca 91352	Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			9		Change	Addition.		
ET ADDRESS	CFO CHEONG, THIAN C 12243 BRANFORD STREET SUN VALLEY CA 91352	Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					Change	Addition		
ET ADDRESS	ASTR GAMBOA, PETER 12243 BRANFORD STREET SUN VALLEY CA 91352	🗋 Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP	, <u></u> .				Change	Addition		
ET ADDRESS ST-ZIP		🗆 Delete	TITLE NAME	ADDRESS					Change	Addition		
indicated of	fy that the information supplied with his report is true and accurate and I y company or the receiver or trustee	nat my signature shall have ti	the exemple the same k eport as re	ption stated in s legal effect as it equired by Cha	i made under	rida Statut	l om o moneoin	urther certif g member	y that the in or manage	formation of the		