## POL000117542

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **CT** CORPORATION

October 29, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5710001 SO

Customer Reference 1: none given Customer Reference 2: none given

Dear Secretary of State, Florida:

Please file the attached:

American Pulp Exchange, Inc. (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina\_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to th	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.	1508, Florida Statutes,	
this statement	of change is submitted for a corporation organized under the laws	of the State of	
Florida	in order to change its registered office or registered age.	nt, or both, in the State	
of Florida.		7. 2	
1. The name of	f the corporation: American Pulp Exchange, Inc.		
2. The principa	al office address: 11 Penn Plaza, New York, New York	0001 AE CT	
}	THE TYPE IN THE TYPE	29 SS	
<del>,</del>		E P	
<ol><li>The mailing</li></ol>	address (if different):		
4. Date of inco	erporation/qualification: 12/11/01 Document number	r: P01000117542	
	nd street address of the current registered agent and registered office artment of State:	ce on file with the	
•	Al Siegel		
	20090 Boca West Drive		
	Boca Raton, Florida 33434	,	
6 The name a	and street address of the new registered agent (if changed) and /or registered office (if		
changed):			
0	CT Corporation System	<del></del>	
	1200 South Pine Island Road		
	(P.O. Box or personal mailbox NOT acceptable)	<del></del>	
	Plantation, Florida 33324		
	ress of its registered office and the street address of the business ged will be identical.		
Such change w	vas authorized by resolution duly adopted by its board of director the board, or the corporation has been notified in writing of the c	s or by an officer so	
1 1/2		<b>-</b>	
Signature of an office	er, chairman or fice chairman of the board)  ALVIN SIEGEL (Printed or typed name and	d title)	
I hereby accep I further agree performance o registered age office address,	of the appointment as registered agent and agree to act in this ca to comply with the provisions of all statutes relative to the prop of my duties, and I am familiar with and accept the obligation of a ont. Or, if this document is being filed merely to reflect a change I hereby confirm that the corporation has been notified in writing.	pacity. er and complete my position as in the registered ng of this change.	
	(Signature of Registered Agent) (Date)		
If signing on beha	SPECIAL ASSISTANT SECRETARY		
	(Typed or Printed Name) (Capacity)		

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