P14092

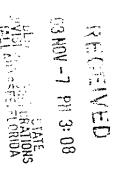
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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Addition of the second of the

November 7, 2003

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

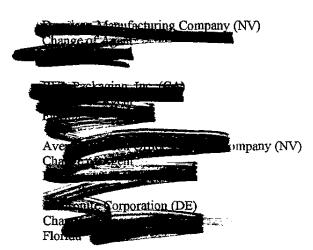
Re: Order #: 5963255 SO Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Avery, Inc. (CA) Change of Agent Florida



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

Pursuant to the	provisions of se	ections 607.050)2, 617.0502	e, 607.1508, d	or 617.1508, 1	7lorida Statutes,	
this statement o	f change is subm	itted for a corpo	oration orga	nized under t	he laws of the	State of	
California	in order to	o change its re	gistered offic	ce or register	ed agent, or b	ooth, in the State	
of Florida.			J 20	Ů			
1. The name of	the corporation:_	Avery, Inc.					
? The principal	office address:_	150 N	1000	e Gou	RIV		
	/ 1	01 01	/	25 7190	C DIVE.	4.0 %	
	Vasalene,	CH 911	0.5			7 E	
3. The mailing a	address (if differe	nt):				豆豆豆	
						を表 」	
			005			Fig. 3	
4. Date of incor	poration/qualifica	ition: April 17, 1	987	Document	number: P140	92	
5. The name and	d street address o	f the current reg	gistered ager	nt and register	ed office on fi	le with the	
Florida Depa	rtment of State:					7	
-		United States	Corporation C	Company		- -	
1201 Hays Street							
•		Taliaha	assee, FL 3230)1		-	
6 The name ar	nd street address	of the new rec	ristered ager	nt (if changed	l) and /or regi	stered office (if	
changed):	ia biroot address	01 410 11011 102	giotorou agor	it (ii changot	i) did for regi	stered office (if	
		C T Cor	poration Syste	em		_	
		c/o C T C	ornoration Sys	stem.			
-	c/o C T Corporation System (P.O. Box or personal mailbox NOT acceptable)						
_	1200 South Pine Island Road, Plantation, Florida 33324						
The street addre	ess of its registere ed will be identic	ed office and th	ie street addi	ress of the bu	siness office o	of its registered	
Such change wa	as authorized by a	resolution duly	adopted by	its board of c	lirectors or by	an officer so	
authorized by the	e board, or the c	orporation has	been notifie	d in writing o	of the change.		
(Signature of an officer,	, chairman or vice chairm	ian of the board)		R. P. Randa	II. Vice Presiden d name and title)	t	
I hereby accept	the appointment	as registered a	igent and ag		,		
I turther agree i	to comply with th	e provisions of	all statutes	relative to th	e proper and	complete ition as	
registered agen	my duties, and I t. Or, if this doc hereby confirm	that the corner	filed merely	to reflect a c	hange in the	egistered	
	Corporation System	mai me corpor	anon nas oe	sen nojijied ir 	i writing of th	is change.	
By: () I J-	Parler	DAVID I, FARBER	TADV	Illela	ろ		
(Si	ignature of Registered Ap	-ASSISTANT SECRET gent)	túlt:	(E	Date)		
If signing on behal	f of an entity:						
	'uned or Printed Name'			(0-			
(1	'yped or Printed Name)			(Ca	pacity)		

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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