P16410

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DIVISION OF CURPCRATION

C. Couillette OCT 0 9 2003



ACCOUNT NO. : 072100000032

REFERENCE : 267985 4388623

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 3, 2003

ORDER TIME: 8:06 AM

ORDER NO. : 267985-425

CUSTOMER NO: 4388623

CUSTOMER: Benita Coleman-davis

Mail-well I Corporation

Suite 400

8310 S. Valley Highway Englewood, CO 80112

CHANGE OF AGENT

NAME: POSER BUSINESS FORMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

Pursuant to th	ne provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, a	Florida Statutes,
this statement	of change is submitted for a corpord	ation organized under the laws of the	State of
Delaware	in order to change its regis	stered office or registered agent, or l	both, in the State
of Florida.			
1. The name of	f the corporation: POSER BUSINESS F	FORMS, INC.	<u></u>
2. The principa	al office address:		-1 cz 63
8310 S. Va	alley Highway, Suite 400, Englew	wood, CO 80112	學自卫
			一部 6
			三 三
4. Date of inco	orporation/qualification: 10/16/1987	Document number: P16	410
	nd street address of the current regis artment of State:	tered agent and registered office on fi	ile with the
	C T Corporation System		-
	1200 South Pine Island Road		-
	Plantation, FL 33324		_
6. The name a changed):	and street address of the new regis	stered agent (if changed) and /or reg	sistered office (if
,	Corporation Service Company		
	1201 Hays Street (P.O. Box or personal	mailbox NOT acceptable)	_
	Tallahassee, FL 32301		
		street address of the business office	
1/1/1		dopted by its board of directors or by een notified in writing of the change	y an officer so
	cer, chairman or vice chairman of the board)	Maureen Cullen, Attorney in Formatted or typed name and title)	act
I further agre performance o registered age	e to comply with the provisions of a of my duties, and I am familiar with ent. Or. if this document is being fi	ent and agree to act in this capacity all statutes relative to the proper and and accept the obligation of my po- led merely to reflect a change in the tion has been notified in writing of t	l complete sition as registered
Syl	(Signature of Registered Agent)	October 1, 2003 (Date)	<u></u>
If signing on beh		. ,	
Sylvia Quepp		Asst. Vice President	
	(Typed or Printed Name)	(Capacity)	

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