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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

Email Address:

## REGISTERED AGENT CHANGE DART CONTAINER CORPORATION OF CALIFORNIA

Certificate of Status Certified Copy Û 03 Page Count \$35.00 Estimated Charge

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CT CORPORATION

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## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations				
SUBJECT:	Dart Container Corpo	pration of California			
DOCUMENT NU	MBER:	P26844			
The enclosed States	ment of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this matt	er to the following:			
	S. Stant	ey Gilhool ontact Person			
	Name of C	ontact Person			
Dart Container Corporation					
	Firm/C	Company			
	500 H	t 10 - 1			
500 Hogsback Road Address					
	Macon Mir	hiana 48854			
Mason, Michigan 48854 City/State and Zip Code					
-4,	stanley_gilhool-corpo	ratecounsel@dart.biz future annual report notification)			
•	Extract aboutess; (to be used for	rature aimuai report nonneadon)			
For further informat	tion concerning this matter, please	call:			
	. Stanley Gilhool	at ( 517 ) 244-2655 Area Code & Daytime Telephone Number			
Nam	e of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00	check made payable to the Depar	rtment of State.			
	Mailing Address:	Street Address;			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	I.C. DUR UJET	Auton panong			

CR2E045 (8/05)

TO:

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



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

	<del>-</del>		rporation of Californi Mason, Michigan 48854	
3. The maili	ing address (if different):			
4. Date of in	ncorporation/qualification:_	11/06/1989	Document number:	P26844
5. The name Florida D	e and street address of the cu department of State: (If resig	errent registered age ned. enter resigned)	nt and registered office on file	with the
	William A. Dart			
	1952 Field Road			<del>だ</del> 。
	Sarasota, Florida	34231	•	= = = = = = = = = = = = = = = = = = = =
The name and street address of the new registered agent (if changed) and /or registered offi (if changed):  CT Corporation System				office
1200 South Pine Island Road				35 w
	Plantation, Florida	33324	· · ·	<u> </u>
The street a as changed	ddress of its registered offi will be identical.	ce and the street ad	dress of the business office of	of its registered agent,
Such change authorized t	e was authorized by resolut by the board, or the corpora	tion duly adopted b	y its board of directors or by fied in writing of the change.	an officer so
fran	gradue of an officer or director		Francis X. Liesman, Printed or typed name a	
I hereby acc I further ago of my duties document is corporation	cept the appointment as reg ree to comply with the prov a and I am familiar with an I being filed merely to refle has been notified in writin	istered agent and c islons of all statute id accept the obliga ct a change in the r g of this change.	agree to act in this capacity, es relative to the proper and ation of my position as regist registered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
			1-10-11	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (8/05)

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