

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32272

FILED
Feb 20, 2008
Secretary of State

Entity Name: BRAMBLES INDUSTRIES, INC.

Current Principal Place of Business:

180 TECHNOLOGY PARKWAY
ROOM 600
NORCROSS, GA 30092 US

New Principal Place of Business:

Current Mailing Address:

180 TECHNOLOGY PARKWAY
ROOM 600
NORCROSS, GA 30092 US

New Mailing Address:

FEI Number: 36-3714162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, MELISSA L
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: VSTD () Delete
Name: SMITH, SCOTT L
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: D () Delete
Name: JUDD, JASPER
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: AS () Delete
Name: MORDLER, JASON
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: AS () Delete
Name: HANLEY, KERRIE K
Address: 3737 GLENWOOD AVENUE, SUITE 400
City-St-Zip: RALEIGH, NC 27612

Title: AS () Delete
Name: BARKLEY, W. BENJAMIN
Address: 1100 PEACHTREE STREET, SUITE 2800
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRIE K. HANLEY

AS

02/20/2008

Electronic Signature of Signing Officer or Director

Date