

FILED
May 01, 2003 8:00 am
Secretary of State

04-08-2003 90091 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P32272

1. Entity Name
BRAMBLES INDUSTRIES, INC.



Principal Place of Business
400 NORTH MICHIGAN AVENUE, SUITE 610
CHICAGO, IL 60611

Mailing Address
400 NORTH MICHIGAN AVENUE, SUITE 610
CHICAGO, IL 60611

2. Principal Place of Business
555 North Point Center East

3. Mailing Address
555 North Point Center East

Suite, Apt. #, etc.
Third Floor

Suite, Apt. #, etc.
Third Floor

City & State
Alpharetta, GA

City & State
Alpharetta, GA

4. FEI Number
36-3714162

Applied For
Not Applicable

Zip
30022

Country
USA

Zip
30022

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME LEGIMAN, GERARD M
STREET ADDRESS 400 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO, IL 60611 3

TITLE STVD ☒ Delete
NAME WEBSTER, DAVID J.
STREET ADDRESS 400 N. MICHIGAN AVE., SUITE 610
CITY-ST-ZIP CHICAGO, IL

TITLE D ☐ Delete
NAME FARRELL, ROBERT V
STREET ADDRESS 1 MACQUARIE PLACE LEVEL 40 GATEWAY
CITY-ST-ZIP SYDNEY, AUSTRALIA, nsw 2000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP 2

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME Melissa L. Schmidt
STREET ADDRESS 555 North Point Center East, 3rd Fl.
CITY-ST-ZIP Alpharetta, GA 30022

TITLE VSTD ☐ Change ☒ Addition
NAME T. Douglas Duskin
STREET ADDRESS 555 North Point Center East, 3rd Fl.
CITY-ST-ZIP Alpharetta, GA 30022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Robin Cleavenger
STREET ADDRESS 555 North Point Center East, 3rd Fl.
CITY-ST-ZIP Alpharetta, GA 30022

TITLE AS ☐ Change ☒ Addition
NAME Kelly Howley
STREET ADDRESS 1100 Peachtree St., Suite 2800
CITY-ST-ZIP Atlanta, GA 30309

TITLE AS ☐ Change ☒ Addition
NAME Daniel T. Falstad
STREET ADDRESS 1100 Peachtree St, Suite 2800
CITY-ST-ZIP Atlanta, GA 30309

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Howley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Howley

4/28/03

(404) 815-6500

Date

Daytime Phone #

CR2E034 (10/02)