## P9300066212 Cooper Ridge & Beale

1200 SunTrust Bank Building 200 West Forsyth Street Jacksonville, Florida 32202

William G. Cooper George E. Ridge Morgan L. Gaynor Richard J. Lantinberg

Telephone (904) 353-6555 Facsimile (904) 353-7550 E-Mail Address JAXLAW1200@YAHOO.COM

> Almer W. Beale, II (1949 - 1999)

March 21, 2001

## VIA U.S. MAIL

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 800003907348----03/23/01--01040--015 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Dear Sir or Madame:

Re: <u>C&H Recycling</u>

Enclosed please find a check in the amount of \$35.00 to cover the fee for filing an amendment to an articles of incorporation. Please file the enclosed Certificate As To Amendment Of Articles Of Incorporation Of C&H Recycling.

Thank you for your cooperation in this matter. If you have any questions please do not hesitate to contact me.

Sincerely,

Karen E. Miller Legal Secretary

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Enclosure

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Karen authorized do Correct name

Name charge NFJ 3-29-2001

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## SECRETARY OF STATE DIVISION OF CORPORATIONS

## CERTIFICATE AS TO AMENDMENT OF ARTICLES OF INCORPORATION OF C & H RECYCLING CORPORATION

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I, Kurt Hollfelder, hereby certify that I am President of C&H Recycling. I further certify that the following resolution relating to the amendment of the Articles of Incorporation of said corporation was unanimously adopted by the stockholders of said corporation at a special meeting of the stockholders duly called and held on February 20, 2001 at which notice of the changes to be made was given:

BE IT RESOLVED, that, effective immediately, the Articles of Incorporation of this corporation are hereby amended to change the name of the corporation to: IPS Terminal Co.

Executed this  $20^{\mu}$  day of February, 2001.

As President of C & H RECYCLING

CORPORATION

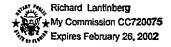
STATE OF FLORIDA COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this **ZO** day of February, 2001, by Kurt Hollfelder, as President of C&H Recycling on behalf of said corporation, and who is

personally known to me or who has produced \_\_\_\_\_

identification.

Signature Notary Public



Printed Name of Notary Public Notary Public, State of Florida My commission expires:

(Notarial Seal)