2001 UNIFORM BUSINESS REPORT (UBR)

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

DOCUMENT # P94000052082 Apr 17, 2001 8:00 am Secretary of State 1. Entity Name ELS PACKAGING, INC. 04-17-2001 90181 045 ***150.00 Principal Piace of Business Mailing Address 5334 CENTRAL FL PARKWAY 5334 CENTRAL FL PARKWAY ORLANDOD FL 32821 ORLANDOD FL 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3254353 Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHELLER, ERIC B Street Address (P.O. Box Number is Not Acceptable) 5148 PINE TOP PLACE ORLANDO FL 32819 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition SCHELLER, ERIC B. NAME NAME 5148 PINE TOP PLACE STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-SY-7P CITY-ST-ZIP THTLS ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Clity-ST-ZIP CITY-ST-ZIP TIME ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TIME Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP I horeby 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 11 or Block 12 if changed, or on an attachment with all other like empowered.

4/11/01. 407-238-1000.