2004 FOR PROFIT CORPORATION

FILED Apr 27, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P94000080255 1. Entity Name TUFCO SYSTEMS OF THE SOUTHEAST, INC. Mailing Address Principal Place of Business 5553 HIGHWAY 51 PO BOX 617 WILSONVILLE, AL 35186 US CHELSEA, AL 35043 US No Chg-P CR2E034 (10/03) 04152004 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3275986 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WOOLSEY, MARK C/O ALLSTATE INSURANCE CO. 1845 E. JOHN SIMS PKWY NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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 (MOTE Registered Agent signature required when reinstating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 📙	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DP STEWART, ERNEST R PO BOX 617 N/A CHELSEA, AL 35043				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T STEWART, VERONICA LOYCE PO BOX 617 N/A CHELSEA, AL 35043				000000133638 04/27/04-80038-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		•	
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
12. I hereby certify that the information supplied with this filling 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 path, that I am an officer or director.					

indicated on this report of 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: