FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am P98000011677 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90015 016 ***150.00 GRAYMARK TISSUE COMPANY, INC. Principal Place of Business Mailing Address 4856 BOCAIRE BOULEVARD 4856 BOCAIRE BOULEVARD 904035 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FE! Number 65-0816314 Not Applicable Zip Country Country \$8.75 Additional 5. . Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHOLT'H, ALLEN Street Address (P.O. Box Number is Not Acceptable) 4856 BOCAIRE BLVD **BOCA RATON FL 33487** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete CR2E034 (9/01 TITLE TITI F ☐ Addition NAME SCHULTZ, JOHN F NAME 17 OLD ORCHARD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE RYE BROOK NY CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME SCHULTZ, ALLEN R STREET ADDRESS STREET ADDRESS 4856 BOCAIRE BLVD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL -TITLE ☐ Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of 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

SIGNATURE:

of the corporation or the receichanged, or on an attachmen