From: To: DONNA POLLARD Date: 4/30/01 Time: 11:09:52 AM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069711

1. Entity Name
CUSTOM CORRUGATED, INC.

Principal Place of Business	Mailing Address
10937 JUAREZ DRIVE RIVER VIEW, FL. 33569	P.O. BOX 2982 RIVER VIEW, FL. 33568

2. Principal Place of Business	3. Mailing Address
10937 JUAREZ DR	P.O. BOX 380755
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVER VIEW FL.	City & State: Port Charlotte, FL
Zip: 33569 County: Hillsborough	Zip: 33938-0755 County: Hillsborough

4. FEI Number: 59-3528569 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONNA J. POLLARD 10937 JUAREZ DRIVE RIVER VIEW, FL. 33569	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.

SIGNATURE: Donna J. Pollard — 4/30/01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Required Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DONNA J. POLLARD 10937 JUAREZ DR. RIVER VIEW FL. 33569 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES. NANCY LA BRAM ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RON POLLARD 10937 JUAREZ DR RIVER VIEW FL. 33569 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES. DENNY LABRAM ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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 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 an address, with all other like empowered.

SIGNATURE: Donna J. Pollard President 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

LHD2E034 (11/00)