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GUDRUN MARIA NICKEL, P.A.
ATTORNEY AT LAW

ADMITTED TO PRACTICE IN:

- FLORIDA
- ILLINOIS
- KANSAS
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BY APPOINTMENT ONLY

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September 2, 1998Y

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-09/04/98-01105-005
*****35.00 *****35.00

Secretary of State
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: PLASTOLAN CORPORATION
RITTER PEN CORPORATION

Dear Sir/Madam:

Enclosed are Amendments to Articles of Incorporation for the above-named corporations, (original and one copy), correcting the names, along with our checks in the amount of \$35.00 each for filing (certified copy not required). Please return the file-stamped copy of the Amendments to this office at your earliest convenience.

Thank you.

Sincerely,


Gudrun M. Nickel

GMN/hs
Enc.

VS SEP 16 1998

N/C

GUDRUN MARIA NICKEL, P.A.
ATTORNEY AT LAW

FILED
98 SEP -4 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT TO ARTICLES OF INCORPORATION
OF
PLASTOLAN USA CORPORATION

Pursuant to the provisions of Section 607.1006, Florida Statutes, This Florida profit corporation, confirmation of which is attached hereto, adopts the following Amendment to its Articles of Incorporation:

The name of the Corporation is to be corrected to:

PLASTOLAN CORPORATION

The Articles of Incorporation as filed shall remain the same in all respects except as heretofore stated.

This Amendment was adopted by the Incorporator without shareholder action, nor was shareholder action required to correct the corporate name.

IN WITNESS WHEREOF, the incorporator, Gudrun Maria Nickel, P.A., has executed this Amendment to Articles of Incorporation on the 2nd day of September, 1998, in Naples, Collier County, Florida.

GUDRUN MARIA NICKEL, P.A.

By: _____

Gudrun M. Nickel, President

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was subscribed to before me this 2nd day of September 7, 1998, by Gudrun M. Nickel, President of Gudrun Maria Nickel, P.A., to me personally known (~~or who produced~~ _____ as identification), who stated under oath that she is the person described in and who executed said instrument for the purposes therein expressed.

My Commission Expires: _____

Notary Stamp/Seal



Notary Public

Type or Print Notary Name

Notary Number: _____

FILED
SEP -4 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA