F96000002712

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	

Office Use Only



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FILING TRANSMITTAL FORM

TO:

Division of Corporations

Florida Department of State

409 E. Gaines Street

Tallahassee, Florida 32314

FROM:

JOANNE CASWELL - CONTINENTAL CORPORATE SERVICES, INC.

189 FRANKLIN AVENUE, SUITE 1

NUTLEY, NJ 07110

PHONE: 973-542-0300 OR 800-300-5067

FAX: 973-542-0313

EMAIL: <u>JCASWELL@CCSLEGAL.COM</u>

DATE:

October 8, 2004

RE:

PANOLAM INDUSTRIES, INC.

REFERENCE: 8151C

PLEASE FILE/SUBMIT THE ATTACHED:

XXX Change of Agent (CHECK ATTACHED)

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

XXX Other (specify): USUAL EVIDENCE OF FILING

SEND VIA:

Regular Mail ___X_

(IN THE STAMPED SELF-ADDRESSED ENVELOPE PROVIDED)

SPECIAL INSTRUCTIONS:

PLEASE FILE IMMEDIATELY UPON RECEIPT AND FORWARD EVIDENCE OF SUCH FILING IN THE ENCLOSED ENVELOPE. ALSO, PLEASE DO NOT HESITATE TO CALL ME AT THE FOLLOWING TOLL-FREE NUMBER SHOULD YOU HAVE ANY QUESTIONS (800-300-5067). THANKS!!!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this statem	ent of
	itted for a corporation organized under the laws of the State of DELAWARE	i	in order
to change its re	gistered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: PANOLAM INDUSTRIES, INC.		
2. The principal	office address: 20 PROGRESS DRIVE, SHELTON, CT 06484		
3. The mailing a	address (if different):		···· ,·· ····
4. Date of incor	poration/qualification: 5-30-96 Document number: F96000002712		
	d street address of the current registered agent and registered office on file with the rtment of State:		
	CT CORPORATION SYSTEM	_	
	1200 SOUTH PINE ISLAND ROAD		04
	PLANTATION, FLORIDA 33324		04 OCT 18
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	EN PR	7
	NRAI Services, Inc.	STA FLOF	ထ
	526 E. Park Avenue	TATE ORIDA	-1
	(P.O. Box or personal mailbox NOT acceptable)	_	
	Tallahassee, FL 32301	_	
The street addrechanged will be	ess of its registered office and the street address of the business office of its registe identical.	red agent,	as
Such change withe board, or the	as authorized by resolution duly adopted by its board of directors or by an officer of corporation has been notified in writing of the change. JEFFREY MUI SECRETAF	RY	zed by
I juriner agree duties, and I an heino filed mer	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pe a familiar with and accept the obligation of my position as registered agent. Or, is ely to reflect a change in the registered office address, I hereby confirm that the co writing of this change.	erformance f this docu orporation	e of my ment is has
If signing on be	half of an entity:		
	NOW CASWELL ASIT.	ريدني	
	(Typed or Printed Name) (Canacity)		

* * * FILING FEE: \$35.00 * * *