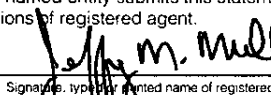
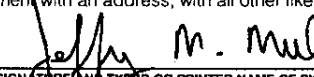


FILED
Feb 23, 2004 8:00 am
Secretary of State

DOCUMENT # F96000002712			
1. Entity Name PANOLAM INDUSTRIES, INC.			
Principal Place of Business 20 PROGRESS DRIVE SHELTON CT 06484 US		Mailing Address 20 PROGRESS DRIVE SHELTON CT 06484 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable JEFFREY MULLER SECRETARY (NOTE: Registered Agent signatures required)			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	S	☐ Delete	TITLE
NAME	MULLER, JEFFREY		NAME
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS
CITY-ST-ZIP	SHELTON CT 06484		CITY-ST-ZIP
TITLE	P	☐ Delete	TITLE
NAME	MULLER, ROBERT J		NAME
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS
CITY-ST-ZIP	SHELTON CT 06484		CITY-ST-ZIP
TITLE	VP	☒ Delete	TITLE
NAME	SKOJEC, MARTIN		NAME
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS
CITY-ST-ZIP	SHELTON CT 06484		CITY-ST-ZIP
TITLE	VP	☐ Delete	TITLE
NAME	FEURING, STEVE		NAME
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS
CITY-ST-ZIP	SHELTON CT 06484		CITY-ST-ZIP
TITLE	T	☐ Delete	TITLE
NAME	DWYER, ELIZABETH		NAME
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS
CITY-ST-ZIP	SHELTON CT 06484		CITY-ST-ZIP
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JEFFREY MULLER SECRETARY	
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			