809955

Edwin J. Simcox
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
317-232-6576

INSTRUCTIONS:

Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee for filing with the Secretary of State:

State Form 30353R (IND. - 1179 - 3/22/84)

\$20.00

or

\$26.00 (if a certificate issued by the Secretary of State is desired)

CERTIFICATE OF ASSUMED BUSINESS NAME

1.	ame of the Corporation Core-Mark Distributors, Inc.
2.	Date of Knooxnovatring/Admission June-6 , 1985
3.	rincipal Office Address of the Corporation 1800 North Vine
	Hollywood, CA 90028
4.	ssumed Business Name Straus-Keilson Distributors
5.	ddress at which the Corporation will do business under the assumed business name
	8880 Mississippi Street, Merrillville, Indiana 46410
Wri	ten Signature-of-Officer)
	ithony S. Regensburg Lited Name of Officer)
(PII	
STAT	
COUN	Y OF Los Angeles) SS:
	Subscribed and sworn or attested to before me, this 17 day of June 3.
19	
	Kruna Meinston
	Notary Public
My N	tarial Commission Expires: May 4, 1987
Му С	unty of Residence is: Los Angeles MYRNA ! WEINSTEIN
	PRINCIPAL OFFICE IN LOS ANGELES COUNTY
	My Commission Exp. May 4, 1987
بر زور	Rudolph Clay, , Recorder of Jake County,
State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed	
	ess Rame recorded in my office on the 3rd day of July , 19 85.
, ,	No and Colon
	Recorder / Recorder