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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:

\$20.00

or

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

CERTIFICATE OF ASSUMED BUSINESS NAME

1.	Name of the Corporation Core-Mark Distributors, Inc.
2.	Date of MXXXXXXXXXXAdmission June-6 1985
3.	Principal Office Address of the Corporation 1800 North Vine Hollywood, CA 90028
4.	Assumed Business Name Bloom/Komon Distributors
5.	Address at which the Corporation will do business under the assumed business name
	8880 Mississippi Street, Merrillville, Indiana 46410
(Wr	itten Signature of Officer) President (Title of Officer)
	inted Name of Officer)
STA'	TE OF <u>California</u>) ss:
cou	NTY OF Los Angeles
19	Subscribed and sworn or attested to before me, this 17 day of 100 85. 85. Notary Public
-	Notarial Commission Expires: May 4, 1987 OFFICIAL SEAL
I. 6	County of Residence is: Los Angeles MYRNA J. WEINSTEIN NOTARY PUBLIC: CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Exp. May 4, 1987 Rudolph Clay Recorder of County, te of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed
Bus	iness Name recorded in my office on the 3rd day of July , 19 85.
A PARTIE OF THE	Recorder 30353R (IND 1179 - 3/22/84)