

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 818261 (0)

1. Corporation Name
SEALRIGHT CO., INC.



Principal Place of Business 7101 COLLEGE BLVD SUITE 1400 OVERLAND PARK KS 66210	Mailing Address 7101 COLLEGE BLVD SUITE 1400 OVERLAND PARK KS 66210-1891
--	---

2. Principal Place of Business 21 9201 PACKAGING DR Suite, Apt. #, etc. 22 Desoto KS City & State 23 66210 Zip 24 Johnson Country	2a. Mailing Address 26 Sealright Co Inc Suite, Apt. #, etc. 27 9201 PACKAGING DR City & State 28 Desoto KS Zip 29 66210 Country 30 Johnson
--	---

3. Date Incorporated or Qualified 10/24/1964	3a. Date of Last Report 05/01/1996
4. FEI Number 16-0876812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIEGHARDT, FREDERICK O	1.2 NAME	
STREET ADDRESS	9827 FARLEY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	1.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCY, CHARLES F.	2.2 NAME	
STREET ADDRESS	7101 COLLEGE BLVD #1400	2.3 STREET ADDRESS	9201 PACKAGING DRIVE
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	DESOTO KS 66218
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZLEY, MARVIN W.	3.2 NAME	
STREET ADDRESS	7101 COLLEGE BLVD #1400	3.3 STREET ADDRESS	11600 NORWOOD
CITY-ST-ZIP	OVERLAND PARK KS	3.4 CITY-ST-ZIP	LEAWOOD KS 66211
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYKE, THOMAS W	4.2 NAME	
STREET ADDRESS	4501 COLLEGE BLVD #110	4.3 STREET ADDRESS	7500 COLLEGE BLVD
CITY-ST-ZIP	LEAWOOD KS	4.4 CITY-ST-ZIP	OVERLAND PARK KS 66210
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, GLENN M.	5.2 NAME	
STREET ADDRESS	7101 COLLEGE BLVD #1400	5.3 STREET ADDRESS	9201 PACKAGING DRIVE
CITY-ST-ZIP	OVERLAND PARK KS	5.4 CITY-ST-ZIP	DESOTO KS 66218
TITLE	TVCF <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPER, JOHN T.	6.2 NAME	
STREET ADDRESS	7101 COLLEGE BLVD, SUITE 1400	6.3 STREET ADDRESS	9201 PACKAGING DRIVE
CITY-ST-ZIP	OVERLAND PARK KS	6.4 CITY-ST-ZIP	DESOTO KS 66218

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Asst. Secy. TREASURER 5/1/97 013-583-3025**

CR2E034 (9/96)