

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2: 53

DOCUMENT # 833546 (5)

1. Corporation Name
LIQU-BOX CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 6950 WORTHINGTON-GALENA RD WORTHINGTON OH 43085
Mailing Address: 6950 WORTHINGTON-GALENA RD WORTHINGTON OH 43085

3. Date Incorporated or Qualified: 12/27/1974
3a. Date of Last Report: 06/17/1994

21	2. Principal Place of Business	2a. Mailing Address	25	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		31-0628033	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, S.B.	1.2 NAME	
STREET ADDRESS	6950 WORTHINGTON-GALENA	1.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT S.	2.2 NAME	
STREET ADDRESS	2743 MT HOLYOKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARDT, JOHN B	3.2 NAME	
STREET ADDRESS	1690 TIMBER LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAWARE OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCHINGER, CARL J	4.2 NAME	
STREET ADDRESS	6950 WORTHINGTON GALENA	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JEANETTE A.	5.2 NAME	
STREET ADDRESS	4590 KNIGHTSBRIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	
TITLE	EVS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINN, P.J. (ASST'T)	6.2 NAME	
STREET ADDRESS	385 FLOUR COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTERVILLE OH	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: Peter J. Linn
Corporate Secretary 1/18/95 (614) 888-9280