

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833546** (5)
1. Corporation Name
LIQUI-BOX CORPORATION



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: **01/31/1995**
4. FEI Number: **31-0628033**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607 (605) and 607 (608), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 (605), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	CDT	<input type="checkbox"/> DELETE
11.2 NAME	DAVIS, S.B.	
11.3 STREET ADDRESS	6950 WORTHINGTON-GALENA WORTHINGTON OH	
11.4 CITY, ST., ZIP		
11.5 TITLE	D	<input type="checkbox"/> DELETE
11.6 NAME	HAMILTON, ROBERT S.	
11.7 STREET ADDRESS	2743 MT HOLYOKE COLUMBUS OH	
11.8 CITY, ST., ZIP		
11.9 TITLE	D	<input checked="" type="checkbox"/> DELETE
11.10 NAME	REINHARDT, JOHN B	
11.11 STREET ADDRESS	1690 TIMBER LAKE DR DELAWARE OH	
11.12 CITY, ST., ZIP		
11.13 TITLE	D	<input type="checkbox"/> DELETE
11.14 NAME	ASCHINGER, CARL J	
11.15 STREET ADDRESS	6950 WORTHINGTON GALENA WORTHINGTON OH	
11.16 CITY, ST., ZIP		
11.17 TITLE	D	<input type="checkbox"/> DELETE
11.18 NAME	DAVIS, JEANETTE A.	
11.19 STREET ADDRESS	4590 KNIGHTSBRIDGE COLUMBUS OH	
11.20 CITY, ST., ZIP		
11.21 TITLE	EVS	<input type="checkbox"/> DELETE
11.22 NAME	LINN, P.J. (ASST'T)	
11.23 STREET ADDRESS	365 FLOUR COURT WESTERVILLE OH	
11.24 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST., ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST., ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST., ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST., ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST., ZIP	

**DIRECTOR
C. William McBea
5208 WOODBRIDGE AVE.
POWELL OH**

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 119.07(3)(k), 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 or person 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: *C. William McBea*
C.P. Administrator Manufacturing DIRECTOR

1/26/96

(614) 888-4290 Ex 245

CR2E034 (12/95)