

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

FILED

**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833546 (5)

1. Corporation Name
LIQU-BOX CORPORATION



Principal Place of Business 6950 WORTHINGTON-GALENA RD WORTHINGTON OH 43085	Mailing Address 6950 WORTHINGTON-GALENA RD WORTHINGTON OH 43085-2309
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3. Date Incorporated or Qualified 12/27/1974	3a. Date of Last Report 01/30/1996
4. FEI Number 31-0628033	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 607.0502 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CDT	<input type="checkbox"/> DELETE
NAME	DAVIS, S.B.	
STREET ADDRESS	6950 WORTHINGTON-GALENA	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, ROBERT S.	
STREET ADDRESS	2743 MT HOLYOKE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCBEE, C W	
STREET ADDRESS	5208 WOODBRIDGE AVE	
CITY-ST-ZIP	POWELL OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASCHINGER, CARL J	
STREET ADDRESS	6950 WORTHINGTON GALENA	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, JEANETTE A.	
STREET ADDRESS	4590 KNIGHTSBRIDGE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	EVS	<input type="checkbox"/> DELETE
NAME	LINN, P.J. (ASST'T)	
STREET ADDRESS	365 FLOUR COURT	
CITY-ST-ZIP	WESTERVILLE OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/9/97** **(414)888-9280**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)