

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1974
 4. FEI Number: 31-0628033
 Applied For: Not Applicable
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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
 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 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 checked="" type="checkbox"/> DELETE
NAME	DAVIS, JEANETTE A.	
STREET ADDRESS	4590 KNIGHTSBRIDGE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	EVS	<input checked="" type="checkbox"/> DELETE
NAME	LINN, P.J. (ASST'T)	
STREET ADDRESS	385 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 checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	S.N. DAVIS
5.4 CITY-ST-ZIP	6950 Worthington-Galena Road
5.4 CITY-ST-ZIP	Worthington, OH 43085
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 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 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (5/98)