

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000168
1. Entity Name
Inteplast Group., Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 12 PM 1:59

Principal Place of Business Mailing Address
9 Peach Tree Hill Rd., Livingston, NJ 07039

2. Principal Place of Business 3. Mailing Address
9 Peach Tree Hill Rd. 9 Peach Tree Hill Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Livingston, NJ Livingston, NJ

Zip Country Zip Country
07054 U.S.A 07054 U.S.A

4. FEI Number Applied For
52-2077224 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **17,544**

10. Amount of Capital Contributions in FLORIDA to date: **17,544**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F99000000705
NAME	AMTOPP Corporation
STREET ADDRESS	9 Peach Tree Hill Rd.
CITY-ST-ZIP	Livingston, NJ 07039
DOCUMENT #	F99000001735
NAME	World-Pak Corporation
STREET ADDRESS	9 Peach Tree Hill Rd.
CITY-ST-ZIP	Livingston, NJ 07039
DOCUMENT #	F99000001734
NAME	Integrated Bagging Systems
STREET ADDRESS	9 Peach Tree Hill Rd.
CITY-ST-ZIP	Livingston, NJ 07039
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100003306321--4
CITY-ST-ZIP	-06/27/00--01050--010
	***211.56 ***211.56
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Homer Hsieh **Homer Hsieh** 4-17-2000 **(973)994-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)