
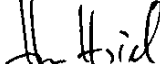


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

05 MAY 5 AM 10:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # B99000000168			
1. Entity Name INTEPLAST GROUP, LTD.		Principal Place of Business 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039	
2. Principal Place of Business		3. Mailing Address 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2077224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable</small>			
9. Capital Contributions as Shown on record. \$17,544.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000000705 AMTOPP COPPORATION 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039	STREET ADDRESS CITY-ST-ZIP	000053899290 05/05/05--01019--020 **211.56
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000001734 INTEGRATED BAGGING SYSTEMS CORPORATION 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000001735 WORLD-PAK CORPORATION 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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/PRES. 4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		Daytime Phone # 973-992-8000	

STAPLE CHECK HERE

*Handwritten notes:*  
 5/12  
 CRB  
 #141.25-AR  
 \$8.75-CC