

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
May 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # B99000000168**

1. Entity Name  
**INTEPLAST GROUP, LTD.**



Principal Place of Business  
**9 PEACH TREE HILL ROAD  
LIVINGSTON, NJ 07039**

Mailing Address  
**9 PEACH TREE HILL ROAD  
LIVINGSTON, NJ 07039**



04182006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **52-2077224** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 COPPORATION
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY-ST-ZIP	LIVINGSTON, NJ 07039
DOCUMENT #	F99000001734
NAME	INTEGRATED BAGGING SYSTEMS CORPORATION
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY-ST-ZIP	LIVINGSTON, NJ 07039
DOCUMENT #	F99000001735
NAME	WORLD-PAK CORPORATION
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY-ST-ZIP	LIVINGSTON, NJ 07039
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000557924  
05/17/06-80065-024 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

*H. Hsieh*

**Homer Hsieh**

4/24/06

973-994-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #