


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 30, 2008 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**

DO NOT WRITE IN THIS SPACE



04072008 No Chg-LP CR2E003 (12/06)

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**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	

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 05/27/08-80040-012 500.00

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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: Homer Hsieh **HOMER HSIEH** 4/10/08 **973-994-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #