


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------|---------------------------------|---|--|-----------------------------------|
| DOCUMENT # F02000004631 | | | |  | |
| 1. Entity Name CPI PACKAGING, INC. | | | | | |
| Principal Place of Business 240 BOUNDARY ROAD MARLBORO NJ 07746 | | | Mailing Address 240 BOUNDARY ROAD MARLBORO NJ 07746 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 22-3850018 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | 8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | 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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WORMWOOD, DALE | | NAME | | |
| STREET ADDRESS | 11 COLONIAL COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEBANON NJ 08833 | | CITY-ST-ZIP | | |
| TITLE | VSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WHITE, H. KATHERINE | | NAME | | |
| STREET ADDRESS | 345 SHUNPIKE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHATHAM NJ 07928 | | CITY-ST-ZIP | | |
| TITLE | VT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHRISTIE, TOD STEPHENS | | NAME | | |
| STREET ADDRESS | 2 SADDLE RIDGE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PARK RIDGE NJ 07656 | | CITY-ST-ZIP | | |
| TITLE | VDCO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KELSEY, DAVID H | | NAME | | |
| STREET ADDRESS | 2621 FAIRMOUNT BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEVELAND HEIGHTS OH 44106 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEMPSEY, SEAN E | | NAME | | |
| STREET ADDRESS | PARK 80 EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | SADDLE BROOK NJ 07663-5291 | | CITY-ST-ZIP | | |
| TITLE | COO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MORMANDO, JOSEPH | | NAME | | |
| STREET ADDRESS | 240 BOUNDARY ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARLBORO NJ 07746 | | CITY-ST-ZIP | | |



MOORE CR2E034 (11/03)

4. FEI Number **22-3850018** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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| STREET ADDRESS | 2 SADDLE RIDGE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PARK RIDGE NJ 07656 | | CITY-ST-ZIP | | |
| TITLE | VDCO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KELSEY, DAVID H | | NAME | | |
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| STREET ADDRESS | 240 BOUNDARY ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARLBORO NJ 07746 | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine White H. Katherine White 3/1/2004 201-703-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AND Secretary Date Daytime Phone #