


**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F02000004631
 1. Entity Name
 CPI PACKAGING, INC.



Principal Place of Business Mailing Address
 240 BOUNDARY ROAD 240 BOUNDARY ROAD
 MARLBORO, NJ 07746 MARLBORO, NJ 07746

DO NOT WRITE IN THIS SPACE



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 22-3850018 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WORMWOOD, DALE
STREET ADDRESS	11 COLONIAL COURT
CITY-ST-ZIP	LEBANON, NJ 08833
TITLE	VSD
NAME	WHITE, H. KATHERINE
STREET ADDRESS	345 SHUNPIKE ROAD
CITY-ST-ZIP	CHATHAM, NJ 07928
TITLE	VT
NAME	CHRISTIE, TOD STEPHENS
STREET ADDRESS	2 SADDLE RIDGE LANE
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	VDCO
NAME	KELSEY, DAVID H
STREET ADDRESS	2621 FAIRMOUNT BLVD
CITY-ST-ZIP	CLEVELAND HEIGHTS, OH 44106
TITLE	AS
NAME	DEMPSEY, SEAN E
STREET ADDRESS	PARK 80 EAST
CITY-ST-ZIP	SADDLE BROOK, NJ 076635291
TITLE	COO
NAME	MORMANDO, JOSEPH
STREET ADDRESS	240 BOUNDARY ROAD
CITY-ST-ZIP	MARLBORO, NJ 07746

**DO NOT WRITE
 IN THIS SPACE**

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 05/13/05-80005-021 550.00

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* 5/3/2005 Katherine White, VP & Secretary 201-703-4159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #