

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007525

FILED
Apr 25, 2008
Secretary of State

Entity Name: ALPHA PACKAGING (SOUTHEAST) INC.

Current Principal Place of Business:

1550 NORTH ELLIS ROAD
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

1550 NORTH ELLIS ROAD
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 33-1148333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPENCE, DAVID
Address: 1555 PAGE INDUSTRIAL BOULEVARD
City-St-Zip: ST. LOUIS, MO 63132

Title: V () Delete
Name: SEEMAN, GARY
Address: 1555 PAGE INDUSTRIAL BOULEVARD
City-St-Zip: ST. LOUIS, MO 63132

Title: S () Delete
Name: CRESTON, DANIEL
Address: 1555 PAGE INDUSTRIAL BOULEVARD
City-St-Zip: ST. LOUIS, MO 63132

Title: T () Delete
Name: DWYER, KELLY
Address: 1555 PAGE INDUSTRIAL BOULEVARD
City-St-Zip: ST. LOUIS, MO 63132

Title: C () Delete
Name: STEINBACK, MICHAEL A
Address: 50 MAIN STREET
City-St-Zip: WHITE PLAINS, NY 10606

Title: VC () Delete
Name: WILSON, HARRISON
Address: 50 MAIN STREET
City-St-Zip: WHITE PLAINS, NY 10606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY DWYER

_____ Electronic Signature of Signing Officer or Director

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04/25/2008

_____ Date