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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Monahan
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F93000001563 (6)

1. Corporation Name
CPI PACKAGING, INC.

Principal Place of Business: **240 BOUNDARY ROAD MARLBORO NJ 07746 US**

Mailing Address: **C/O CUST. DORI & BENICK 110 MAIN ST., P. O. BOX 372 FLEMINGTON NJ 08822 US**

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/30/1993**

3a. Date of Last Report: **03/16/1994**

4. FEI Number: **22-2733039**

Applied For: Not Applicable

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

6. Election Campaign Financial Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BUSSEY, HARRY JR.
C/O CPI PACKAGING, INC.
914 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
Southseas NW Tower 4
83 **440 Seaview Ct #1206**
84 City **Marco Island** **85** Zip Code **FL 33937**

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent separate response sheet required) DATE: _____

12. OFFICERS AND DIRECTORS	
OFFICE	PCD
NAME	BUSSEY, HARRY III
STREET ADDRESS	91 LOCUST POINT ROAD
CITY, ST, ZIP	LOCUST NJ 07752
OFFICE	V
NAME	INCITTI, HOLLY B
STREET ADDRESS	317 NAVESINK RIVER ROAD
CITY, ST, ZIP	MIDDLETOWN NJ 07701
OFFICE	S
NAME	DURHAM, DONNA B
STREET ADDRESS	1 SPERPENTINE DRIVE
CITY, ST, ZIP	ATLANTIC HIGHLANDS NJ 07716
OFFICE	T
NAME	LONGO, DANNETE B
STREET ADDRESS	74 SQUANKUM ROAD
CITY, ST, ZIP	TINTON FALLS NJ 07727

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	4 Windyhill Lane
4. CITY, ST, ZIP	Atlantic Highlands NJ 07716
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	2535 Mahogany Trail
44. CITY, ST, ZIP	Manasquan NJ 08736
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the officer or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report.

SIGNATURE: