

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

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

21. Principal Place of Business: State, Apt. #, etc.
22. City & State
23. Zip, Country
24. Mailing Address: 26. Suite, Apt. #, etc.
27. City & State
28. Zip, Country
29. 30.

3. Date Incorporated or Qualified: 03/30/1993
3a. Date of Last Report: 03/01/1995
4. FEI Number: 22-2733039
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing 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 [X]

9. Name and Address of Current Registered Agent
**BUSSEY, HARRY JR.
SOUTHSEAS NW TOWER 4
440 SEAVIEW CT #1206
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BUSSEY, HARRY III	
STREET ADDRESS	4 WINDYHILL LANE	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	INCITTI, HOLLY B	
STREET ADDRESS	317 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETOWN NJ 07701	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DURHAM, DONNA B	
STREET ADDRESS	1 SPERPENTINE DRIVE	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ 07716	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LONGO, DANNETE B	
STREET ADDRESS	2535 MEHOGANY TRAIL	
CITY-ST-ZIP	MANASQUAN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* VP. 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)