

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000451 (3)**  
 1. Corporation Name  
**AUTOMATED PACKAGING SYSTEMS, INC.**

Principal Place of Business <b>10175 PHILIPP PARKWAY STREETSBORO, OH 44241</b>	Mailing Address <b>10175 PHILIPP PARKWAY STREETSBORO, OH 44241-4706</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01-27-95</b>	4. FEI Number <b>34-0921189</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country	30
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**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOT: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>C LERNER, HERSHEY</b>	<b>10175 PHILIPP PARKWAY</b>	<b>STREETSBORO, OH 44241</b>	
	<b>PO LERNER, BERNARD</b>	<b>10175 PHILIPP PARKWAY</b>	<b>STREETSBORO, OH 44241</b>	
	<b>DVS GOULD ARTHUR</b>	<b>10175 PHILIPP PARKWAY</b>	<b>STREETSBORO, OH 44241</b>	
	<b>V JORDAN, KENNETH</b>	<b>10175 PHILIPP PARKWAY</b>	<b>STREETSBORO, OH 44241</b>	
	<b>CFOT STUFFLEBEAN, JERRY D.</b>	<b>10175 PHILIPP PARKWAY</b>	<b>STREETSBORO, OH 44241</b>	
	<b>V MCNAMARA, MICHAEL</b>	<b>10175 PHILIPP PARKWAY</b>	<b>STREETSBORO, OH 44241</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
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	

**300002477003**  
**-04/02/98--01022--037**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(i), 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]* CHIEF FINANCIAL OFFICER, TREASURER 03-10-98 330-342-2000  
 SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)