


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 042 ***150.00

DOCUMENT # F95000000451
 1. Entity Name
AUTOMATED PACKAGING SYSTEMS, INC.



Principal Place of Business Mailing Address
10175 PHILIPP PARKWAY **10175 PHILIPP PARKWAY**
STREETSBORO, OH 44241 **STREETSBORO, OH 44241**

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
34-0921189 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 \$150.00
- After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LERNER, HERSHEY
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO, OH 44241
TITLE	PD
NAME	LERNER, BERNARD
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO, OH
TITLE	DVS
NAME	GOULD, ARTHUR
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO, OH 44241
TITLE	AT
NAME	MANZETTI, DARYL D
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO, OH 44241
TITLE	CFOT
NAME	STUFFLEBEAN, JERRY D
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO, OH 44241
TITLE	VCOO
NAME	DOVEY, IAN
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO, OH 44241

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Daryl Manzetti* **DARYL MANZETTI** **ASS'T TREASURER** 4/6/05 379/342-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #