

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000246 (5)**  
 1. Corporation Name  
**RANPAK CORP.**



Principal Place of Business <b>8023 CRILE RD CONCORD TOWNSHIP OH 44077</b>	Mailing Address <b>PO BOX 8004 PAINESVILLE OH 44077-8004</b>
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>01/15/1997</b>		4. FEI Number <b>34-1113319</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>7990 AUBURN ROAD</b>	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
22 City & State 23 <b>CONCORD TOWNSHIP, OH</b>	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip <b>44077</b>	25 Country <b>USA</b>	29 Zip	30 Country	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		
83		84 City		
		<b>FL</b>		85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMINGTON, STEVEN E</b>	12 NAME	
STREET ADDRESS	<b>8023 CRILE RD</b>	13 STREET ADDRESS	<b>7990 AUBURN ROAD</b>
CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>	14 CITY-ST-ZIP	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMINGTON, STEVEN E</b>	22 NAME	
STREET ADDRESS	<b>8023 CRILE RD</b>	23 STREET ADDRESS	<b>7990 AUBURN ROAD</b>
CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>	24 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOGG, DANIEL T</b>	32 NAME	<b>KOVACH, STEPHEN A</b>
STREET ADDRESS	<b>8023 CRILE RD</b>	33 STREET ADDRESS	<b>7990 AUBURN ROAD</b>
CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>	34 CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOGG, JOSEPH G III</b>	42 NAME	<b>CORBETT, JAMES J</b>
STREET ADDRESS	<b>8023 CRILE RD</b>	43 STREET ADDRESS	<b>7990 AUBURN ROAD</b>
CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>	44 CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDKE, DAVID P JR</b>	52 NAME	
STREET ADDRESS	<b>8023 CRILE RD</b>	53 STREET ADDRESS	<b>7990 AUBURN ROAD</b>
CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACDONALD, KEVIN</b>	62 NAME	
STREET ADDRESS	<b>8023 CRILE RD</b>	63 STREET ADDRESS	<b>7990 AUBURN ROAD</b>
CITY-ST-ZIP	<b>CONCORD TOWNSHIP OH 44077</b>	64 CITY-ST-ZIP	

14. 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 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:  **JAMES J. CORBETT** 4/9/98 (440) 354-4445

CR2E034 (10/97)