

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90077 022 ***150.00

UBR0202-4
A1

DOCUMENT # F98000000185

1. Entity Name

INNOVATIVE FOLDING CARTON COMPANY, INC.

Principal Place of Business

**901 DURHAM AVE
SOUTH PLAINFIELD NJ 07080**

Mailing Address

**999 PLAZA DR. STE 600
SCHAUMBURG IL 60173-5442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4200851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
CEOD
 NAME **MAJEWSKI, RICHARD W**
 STREET ADDRESS **999 PLAZA DRIVE, SUITE 830**
 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE Delete
 NAME **STD ZIMMER, ROBERT W**
 STREET ADDRESS **999 PLAZA DRIVE, SUITE 830**
 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE Delete
 NAME **P CRISCUOLO, STEVEN**
 STREET ADDRESS **901 DURHAM AV**
 CITY-ST-ZIP **SOUTH PLAINFIELD NJ 07080**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **VP and CFO**
~~NAME~~ **Nichols, Mark A**
 STREET ADDRESS **999 Plaza Drive, Suite 600**
 CITY-ST-ZIP **Schaumburg, IL 60173**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/02

CR2E034 (9/01)