


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 034 ***150.00

DOCUMENT # F99000006508					
1. Entity Name CARAUSTAR INDUSTRIAL AND CONSUMER PRODUCTS GROUP, INC.					
Principal Place of Business 5000 AUSTELL-POWDER SPRINGS RD. SUITE 300 AUSTELL, GA 30106-3227		Mailing Address PO BOX 115 CARAUSTAR TAX DEPT. AUSTELL, GA 30168-0115			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1662420	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELCHEN, STEVEN L	NAME			
STREET ADDRESS	5000 AUSTELL-POWDER SPRINGS ROAD; STE 300	STREET ADDRESS			
CITY-ST-ZIP	AUSTELL, GA 30106	CITY-ST-ZIP			
TITLE	TV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMANICO, RONALD J	NAME			
STREET ADDRESS	5000 AUSTELL-POWDER SPRINGS RD., SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	AUSTELL, GA 301063227	CITY-ST-ZIP			
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEARY, WILMA E	NAME			
STREET ADDRESS	5000 AUSTELL POWDER SPRINGS RD; STE 300	STREET ADDRESS			
CITY-ST-ZIP	AUSTELL, GA 30106	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NIX, WILLIAM A	NAME			
STREET ADDRESS	5000 AUSTELL POWDER SPRINGS RD; STE 300	STREET ADDRESS			
CITY-ST-ZIP	AUSELL, GA 30106	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEOUGH, MICHAEL J	NAME			
STREET ADDRESS	5000 AUSTELL-POWDER SPRINGS RD; STE 300	STREET ADDRESS			
CITY-ST-ZIP	AUSTELL, GA 30106	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William A. Nix</i> _____ DATE _____ DAYTIME PHONE # _____					