


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90076 049 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P19922					
1. Entity Name STOROPACK, INC.					
Principal Place of Business 4758 DEVITT DRIVE CINCINNATI, OH 45246			Mailing Address 4758 DEVITT DRIVE CINCINNATI, OH 45246		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when necessary))</small>					
<small>FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State</small>			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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELLOTT, JOHN D.		NAME		
STREET ADDRESS	4758 DEVITT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHENECKER, HANS		NAME		
STREET ADDRESS	POSTFACH 133		STREET ADDRESS		
CITY-ST-ZIP	METZINGEN, GERMANY,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHENECKER, HILTRUD		NAME		
STREET ADDRESS	POSTFACH 133		STREET ADDRESS		
CITY-ST-ZIP	METZINGEN, GERMANY,		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILHELM, KIRK		NAME		
STREET ADDRESS	4758 DEVITT DR		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMNERLE, DANIEL H		NAME		
STREET ADDRESS	150 EAST FOURTH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 452024019		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 exemption stated in Section 119.07(3)(1), 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: <u>George Mitchell</u> <u>George Mitchell</u> <u>04/08/04</u> <u>(513) 874-0214</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. Secretary Date Daytime Phone #</small>					

94052802



CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2637050** Applied For Not Applicable

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

CPRE034 (10/02)