


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000086230

1. Entity Name
RUTLAND PLASTICS, INC.




Principal Place of Business
10021 RODNEY ST.
PINEVILLE, NC 28134

Mailing Address
10021 RODNEY ST.
PINEVILLE, NC 28134

DO NOT WRITE IN THIS SPACE

FILED
07 OCT 12 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0707441

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____

300110746569
12/07 01000 DATE 11/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, DENNIS <i>CUNSON</i>
STREET ADDRESS	10021 RODNEY STREET
CITY - ST - ZIP	PINEVILLE, NC 28134
TITLE	D
NAME	LAUS, PAUL <i>HPC</i>
STREET ADDRESS	466 SOUTHERN BOULEVARD
CITY - ST - ZIP	CHATHAM, NJ 07928
TITLE	D
NAME	COLLIER, COLBY <i>HPC</i>
STREET ADDRESS	466 SOUTHERN BOULEVARD
CITY - ST - ZIP	CHATHAM, NJ 07928
TITLE	CFOS
NAME	CROWNOVER, HAL
STREET ADDRESS	10021 RODNEY ST.
CITY - ST - ZIP	PINEVILLE, NC 28134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

M 10/15

DO NOT WRITE IN THIS SPACE

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hal F. Crowner CFO* Date: *9-14-07* Daytime Phone #: *704.553.0046*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

