2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90010 038 ***150.00

DOCUMENT # F96000001996

1. Entity Name

SEABOARD FOLDING BOX CORPORATION

Principal Place of Business	Mailing Address
35 DANIELS ST. FITCHBURG MA 01420-7600	35 DANIELS ST. FITCHBURG MA 01420-7600

MOORE CR2E034 (11/03)

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 04-3311365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS RIST, STEVEN L 4520 MAIN ST. STE. 1100 KANSAS CITY MO 64111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCEO QUINN, THOMAS H 1751 LAKE COOK RD., STE 550 DEERFIELD, IL 60015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RABINOW, ALLEN 35 DANIELS ST FITCHBURG MA 01420-7600	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CARLSON, JAMES B. 1675 BROADWAY, STE 1600 NEW YROK, NY 10019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVAS SPIELBERGER, THOMAS C- 1751 LAKE COOK RD., STE. 550 DEERFIELD IL 60015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVAS ONDRULA, LISA M. 1751 LAKE COOK RD, STE 550 DEERFIELD, IL 60015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FISHER, G. ROBERT 4520 MAIN ST STE 1100 KANSAS CITY MO 64111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCRACKEN, SUSAN C 35 DANIELS STREET FITCHBURG, MA 01420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RABINOW, DORA 35 DANIELS ST FITCHBURG MA 01420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS NELSON, GORDON L 1751 LAKE COOK RD, STE 550 DEERFIELD IL 60015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan C M SUSAN MCCRACKEN 2/26/04 978-342-8921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #