

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000040

Entity Name: WRAP PACK INC.**Current Principal Place of Business:**3715 CHELAN HIGHWAY
WENATCHEE, WA 98801**Current Mailing Address:**3715 CHELAN HIGHWAY
WENATCHEE, WA 98801**FEI Number: 36-4404324****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, CEO
Name KOZIKOWSKI, THEODORE
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title CFO, VP, SECRETARY
Name KEMP, TODD
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title VP
Name GEREN, LENARD
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title VP, ASST. SECRETARY, DIRECTOR
Name BOOS, RICHARD N
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title VP, ASST. SECRETARY
Name FOSTER, J. DAVID
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title CHAIRMAN, DIRECTOR
Name PURCELL, GREGORY J
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title DIRECTOR
Name BUCK, SIEG
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

Title DIRECTOR
Name KALIS, REBECCA
Address 3715 CHELAN HIGHWAY
City-State-Zip: WENATCHEE WA 98801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD KEMP**CFO****01/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date