

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 391439 (7)

1. Corporation Name

PUERTO RICO ENVELOPES, INC.



Principal Place of Business

1947 BETHANY
PO BOX 1947
SYCAMORE IL 60178

Mailing Address

1947 BETHANY
PO BOX 1947
SYCAMORE IL 60178

3. Date Incorporated or Qualified
11/17/1971

3a. Date of Last Report
08/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

66-0310918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT. CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
ESKRA, DAVID J.
1947 BETHANY RD.
SYCAMORE IL

TITLE PS ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
CAMPBELL, ANDREW A
1947 BETHANY RD.
SYCAMORE IL

TITLE VPS ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PETERSON, ANDREW N.
1947 BETHANY ROAD
SYCAMORE IL

TITLE AT ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
LINDGREN, GARY P
1947 BETHANY ROAD
SYCAMORE IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE VP Finance ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
James R. Ramig
1947 Bethany Road
Sycamore, IL 60178

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Mark A. Robinson
1947 Bethany Road
Sycamore, IL 60178

6.1 TITLE VP Operations ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Marc A. Loomer
1947 Bethany Road
Sycamore, IL 60178

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

815-895-2101

Daytime Phone #

CR2E034 (12/95)