
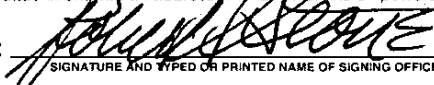


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90058 042 ***150.00

DOCUMENT # 838485					
1. Entity Name PAXAR AMERICAS, INC.					
Principal Place of Business 105 CORPORATE PARK DR. WHITE PLAINS, NY 10604-3814			Mailing Address 105 CORPORATE PARK DR. WHITE PLAINS, NY 10604-3814 US		
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 06-0861226	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1210 HAYS STREET TALLAHASSEE, FL 32301				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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLAXE, JACK R		NAME		
STREET ADDRESS	10 VICTORIA LANE		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN, NJ 07960		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLAXE, JACK R		NAME		
STREET ADDRESS	10 VICTORIA LANE		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN, NJ 07960		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change
NAME	JORDAN, JOHN P		NAME	JORDAN, JOHN P	
STREET ADDRESS	105 COPORATE PARK DR		STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP	WHITE PLAINS, NY 10604	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change
NAME	STONE, ROBERT S		NAME	STONE, ROBERT S	
STREET ADDRESS	705 BURR FARMS ROAD		STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	MOUNT KISCO, NY 10549		CITY-ST-ZIP	WHITE PLAINS, NY 10604	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change
NAME			NAME	HOFFMAN GEORGE	
STREET ADDRESS			STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	WHITE PLAINS, NY 10604	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change
NAME			NAME	MARTIN, JAMES L	
STREET ADDRESS			STREET ADDRESS	170 MONARCH LANE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BEACH, OH 45342	
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: 		ROBERT S STONE		4/1/05 (914) 697-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	