

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 843408

1. Entity Name
CPFILMS INC.



Principal Place of Business

**4210 THE GREAT RD
STATE RTE. 683
FIELDALE, VA 24089 US**

Mailing Address

**POST OFFICE BOX 5068
MARTINSVILLE, VA 24115-5068 US**



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0385340

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FOCARETO, JAMES P
STREET ADDRESS	575 MARYVILLE CENTRE DR.
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	P
NAME	DAVIES, KENT J
STREET ADDRESS	575 MARYVILLE CENTRE DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	VPAT
NAME	TICHENOR, JAMES A
STREET ADDRESS	575 MARYVILLE CENTER DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	VP
NAME	SPIHLMAN, TIMOTHY J
STREET ADDRESS	575 MARYVILLE CENTRE DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	VPS
NAME	KLEIN, ROSEMARY
STREET ADDRESS	575 MARYVILLE CENTRE DRIVE
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	AS
NAME	MCCOOL, DAVID P
STREET ADDRESS	575 MARYVILLE CENTRE DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146

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04/25/08-80051-003 150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2008

Date

276-627-3000

Daytime Phone #