

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853922 (3)

1. Corporation Name
CADILLAC PLASTIC GROUP, INC.



Principal Place of Business 200 PUBLIC SQUARE SUITE 36-5000 CLEVELAND OH 44114-2304 US	Mailing Address 200 PUBLIC SQUARE SUITE 36-5000 CLEVELAND OH 44114-2304 US
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3. Date Incorporated or Qualified 08/27/1982	3a. Date of Last Report 02/06/1996
4. FEI Number 31-0258670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	DARRAGH, K J
STREET ADDRESS	1424 DORCHESTER
CITY - ST - ZIP	BIRMINGHAM MI
TITLE	T <input type="checkbox"/> DELETE
NAME	DUFFEY, M. S.
STREET ADDRESS	500 CLUB DR
CITY - ST - ZIP	AURORA OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	COOK, JOHN J.
STREET ADDRESS	15 STONEWOOD DRIVE
CITY - ST - ZIP	MORELAND HILLS OH
TITLE	CPD <input type="checkbox"/> DELETE
NAME	MCGREGOR, D J
STREET ADDRESS	6 COUNTRY LANE
CITY - ST - ZIP	PEPPER PIKE OH
TITLE	AS <input type="checkbox"/> DELETE
NAME	TITAS, F.G.
STREET ADDRESS	1572 CLUBSIDE ROAD
CITY - ST - ZIP	LYNDHURST OH
TITLE	V <input type="checkbox"/> DELETE
NAME	PHILLIPS, PED W.
STREET ADDRESS	5549 FOREST LANE
CITY - ST - ZIP	BRECKSVILLE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DARRAGH, K J
1.3 STREET ADDRESS	1424 DORCHESTER
1.4 CITY - ST - ZIP	BIRMINGHAM MI
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:  Ped W. Phillips, Vice Pres. 1/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0478323

CR2E034 (9/96)