

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857469

(1)

1. Corporation Name

CELLOFOAM NORTH AMERICA INC.

Principal Place of Business

Mailing Address

1961 INDUSTRIAL BLVD.
P.O. BOX 406
CONYERS GA 30207
US

P. O. BOX 406
CONYERS GA 30207-4319
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1983

3a. Date of Last Report

05/19/1994

4. FEI Number

52-1201355

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 is acceptable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BONTRAGER, GREG R.
STREET ADDRESS 1961 INDUSTRIAL BLVD
CITY ST ZIP CONYERS GA

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE D
NAME HENSLEY, D.J.
STREET ADDRESS 1124 ELLINGTON DR
CITY ST ZIP CONYERS GA

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE C
NAME TURNER, CARL R.
STREET ADDRESS FURNACE ST
CITY ST ZIP STANHOPE NJ

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE D
NAME SLATTERY, W
STREET ADDRESS FURNACE ST
CITY ST ZIP STANHOPE NJ

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE V
NAME HANSON, CLIFF A.
STREET ADDRESS 1961 INDUSTRIAL BLVD
CITY ST ZIP CONYERS GA

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE V
NAME GREGORY, ROBERT
STREET ADDRESS 1961 INDUSTRIAL BLVD
CITY ST ZIP CONYERS GA

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☒ Change ☐ Addition

**S
PINSON, CONNIE
1961 INDUSTRIAL BLVD
CONYERS GA**

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)(b), 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 as an attachment with an address.

SIGNATURE:

Connie Pinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
DATE

(404) 483-4491
TELEPHONE NO.