2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# 857469

Entity Name: CELLOFOAM NORTH AMERICA INC.

Current Principal Place of Business:

1917 ROCKDALE INDUSTRIAL BLVD.
CONYERS, GA 30012 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 406
CONYERS, GA 30012 US

New Mailing Address:

FEI Number: 52-1201355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BONTRAGER, GREG R.,
Address: 1917 ROCKDALE INDUSTRIAL BLVD.
City-St-Zip: CONYERS, GA 30012 US

Title: VD ( ) Delete
Name: GARDNER, STEVE
Address: 16 BARON PARK RD
City-St-Zip: FALMOUTH, VA 22405 US

Title: D ( ) Delete
Name: TURNER, CARL R.
Address: FURNACE ST
City-St-Zip: STANHOPE, NJ

Title: VD ( ) Delete
Name: PINSON, ROGER
Address: 1961 INDUSTRIAL BLVD
City-St-Zip: CONYERS, GA 30012

Title: V ( ) Delete
Name: HANSON, CLIFF A.
Address: 1917 ROCKDALE INDUSTRIAL BLVD.
City-St-Zip: CONYERS, GA 30012

Title: ST ( ) Delete
Name: PINSON, CONNIE
Address: 1917 ROCKDALE INDUSTRIAL BLVD,
City-St-Zip: CONYERS, GA 30012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE PINSON ST 03/29/2007

Electronic Signature of Signing Officer or Director — Date